# City of Madison Registration Statement – CCOC Sister Cities Grant Review Subcommittee

Please Print	
Agenda No. 1	Name DANE TAZOTA  Address ZIB N. 5th St  Wadish 53704
Please check the appropriate boxes:	
Support  Wish to speak Do not wish to speak Available to answer questions	☐ Oppose ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an organism (If you answered "no," STOP; you need no question.)	nization or a person other than yourself: X Yes No to complete the rest of this form. If you answered "yes," go on to the next
Name, address and telephone number of each	h person or organization you are representing:  Sistev-City Alliance (East Timor)
Are you being paid for your representation?	☐ Yes ☐XNo
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	duties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	5 minutes5 minutes

-	ou an e mental	elected official who is appearing solely on behalf of your office or for your municipality or other body?
		red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are bein	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes No
	2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
	3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
		red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

# City of Madison Registration Statement – CCOC Sister Cities Grant Review Subcommittee

riease riiii	
Agenda No. 1	Name Kathy Walsh Address 566 S Segue Rd Madison, W1 5-3711
Please check the appropriate boxes:	
Support  ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions	Oppose  Wish to speak  Do not wish to speak  Available to answer questions
	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," go on to the next
•	each person or organization you are representing:
Madison-Arcatao Sister	City Project
<u> </u>	
Are you being paid for your representation	n? ☐ Yes ☑ No
	aid duties for this person or organization? Yes Yoo not complete the rest of this form. If you answered "yes," go on to the next
Information Heari	

Are you a governme		pearing solely on behalf of your office	or for your municipality or other  Yes No
,	-	STOP. You need not complete the rest of the suestion, go on to the next question.)	his form, except that you must sign
If you are that:	being paid for your represen	tation, or if your appearance is part of oth	er paid duties, do you understand
1.	Before you engage in lo with the City Clerk?	bbying as a lobbyist, you or your principal	must file an authorization  Yes No
2.	Your principal is not powith the City Clerk?	ermitted to authorize you to lobby unless	the principal is registered Yes No
3.		or will owe more than \$500 for lobbying ), the principal must file expense statement f the calendar year?	
		t three questions, please call the City Cler Building, Madison, for more information.)	k at 266-4601 or go to the Clerk's
Date		Signature	
		Print Name	

# City of Madison Registration Statement – CCOC Sister Cities Grant Review Subcommittee

Please Print	
Agenda No. 1	Name JOAN LAURION  Address 2525 Chamberlain  Madrion 53705
Please check the appropriate boxes:	
Support Wish to speak Do not wish to speak Available to answer questions	Oppose  Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an org (If you answered "no," STOP; you need no question.)	ganization or a person other than yourself: Yes \sum No ot complete the rest of this form. If you answered "yes," go on to the next
	ch person or organization you are representing:  N ARCATAO Sister Cities
	255-8290
Are you being paid for your representation	? Yes No
	d duties for this person or organization?   Yes No ot complete the rest of this form. If you answered "yes," go on to the next
	5 minutes

	ou an e nmental	elected official who is appearing solely on behalf of your office or for your municipality or other body?
		red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
	2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
	3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
		red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.)
Date _	•••	Signature
		Print Name

# City of Madison Registration Statement – CCOC Sister Cities Grant Review Subcommittee

Please Print	•	``			
Agenda	1 No. 1	Name Address	Nardee Su 1818 Ada Madesa	mo Sti	alt.
Please check the appr	opriate boxes:			,	
	peak ish to speak e to answer questions		Oppose  Wish to spe Do not wish Available to		stions
- ·	ou representing an organize, "STOP; you need not co	_	<del></del>	☐ Yes wered "yes,'	☐ No ' go on to the next
	lephone number of each p	•	1 1	ing:	t
Are you being paid for	or your representation?			Yes	No No
	part of your other paid du," STOP; you need not co	-		☐ Yes wered "yes,'	No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 m	ninutes		

	ou an onmental	lected official who is appearing solely on behalf of your office or for your municipality or other body?  Yes No
		red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are be	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
	2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
	3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
		red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

# City of Madison Registration Statement – CCOC Sister Cities Grant Review Subcommittee

riease riini					
Agenda	No. 1	Name	Dusan Fris 122 State St Madion, U	. Suite 507	
Please check the appr	opriate boxes:				
	peak ish to speak to answer questions		Oppose  Wish to spea Do not wish Available to		
	ou representing an organiz	-	_	☐ Yes ☐ No wered "yes," go on to	
	lephone number of each p		-	- · · · · · · · · · · · · · · · · · · ·	
Wiscons	in Coordinating	Council on 1	Vicaragua 1	(CUCCN)	· · · · · · · · · · · · · · · · · · ·
Madison	in Coordinating	Sister City		<u> </u>	
		<u> </u>			
Are you being paid for	r your representation?			Yes No	
	part of your other paid du "STOP; you need not co			∑ Yes ☐ No wered "yes," go on to	the next
Speaking Limits:	Public HearingInformation Hearing				

	ou an e nmental	elected official who is appearable body?	earing solely	on behalf of your offi		r munic Yes	cipality or other No	
		red "yes" to the question, <b>S</b> ou answered "no" to the qu			of this form, e.	xcept th	at you must sign	
lf you that:	are bei	ing paid for your representa	ation, or if yo	ur appearance is part of	other paid du	ities, do	you understand	
	1.	Before you engage in lobb with the City Clerk?	bying as a lol	obyist, you or your princ		an autho Yes		
	2.	Your principal is not perwith the City Clerk?	mitted to aut	horize you to lobby unl		pal is re Yes	egistered	
	3.	If your principal spends of period (calendar quarter), the remaining quarters of the second s	the principal	l must file expense state	ments with the	-		
		red "no" to any of the last t m 103 of the City-County Bu				601 or g	go to the Clerk's	
Date	215	v	Signature Print Name	Susay Jess Disan Fr	L. Shre			-

# City of Madison Registration Statement – CCOC Sister Cities Grant Review Subcommittee

You must register before the Subcommittee considers your item.

riease rrint			
	Name —	ranse f	72 FANO
Agenda No. 1	Address <u>9</u>	809 ELde	orado
	m.	ndison	111 53716
Please check the appropriate boxes:			
Support Wish to speak Do not wish to speak		Oppose  Wish to speak Do not wish to	<u> -</u>
At this meeting are you representing (If you answered "no," STOP; you requestion.)	an organization or a person ot	her than yourself:	iswer questions Yes \sum No red "yes," go on to the nex
Name, address and telephone number			
Are you being paid for your represen	ntation?		☐ Yes ☐No
Are you appearing as part of your oth (If you answered "no," STOP; you requestion.)			☐ Yes ☐ No red "yes," go on to the nex
	ng5 mi Hearing5 mi		

Other Items.....3 minutes

Are you an governmenta	an elected official who is appearing solely on behalf of your office or ental body?	for your mun Yes	No No
	swered "yes" to the question, <b>STOP.</b> You need not complete the rest of this If you answered "no" to the question, go on to the next question.)	s form, except t	hat you must sign
If you are be that:	being paid for your representation, or if your appearance is part of other	paid duties, d	o you understand
1.	Before you engage in lobbying as a lobbyist, you or your principal n with the City Clerk?	nust file an autl	horization No
2.	Your principal is not permitted to authorize you to lobby unless th with the City Clerk?	ne principal is	registered No
3.	If your principal spends or will owe more than \$500 for lobbying s period (calendar quarter), the principal must file expense statements the remaining quarters of the calendar year?		
	swered "no" to any of the last three questions, please call the City Clerk of Room 103 of the City-County Building, Madison, for more information.)	at 266-4601 or	go to the Clerk's
Date 2	2/21/08 Signature Manh Affa	mo	
	Print Name France Hedre	ne)	· ·

# City of Madison Registration Statement – CCOC Sister Cities Grant Review Subcommittee

Please Print						
Agend	a No. 1	Name	Masami 2327 Wi Madison,	Gline Ylard WIS.	25 Ave. 3704	
Please check the app	propriate boxes:		· ·			
At this meeting are y	speak vish to speak e to answer questions you representing an organize o, " STOP; you need not con		other than yourself:	to speak answer que	☐ No	e nex
Name, address and to	elephone number of each pe	rson or organizati	on you are represent	ing:		
Mad	ison - Obihiro	Sister	Cities, I	n C .		
				•		
Are you being paid f	or your representation?			☐ Yes	[☐ No	
	s part of your other paid dut o, " <b>STOP;</b> you need not con			Yes wered "yes,	No No go on to the	e nex
Speaking Limits:	Public HearingInformation Hearing					

	ou an el imental		ppearing solely	on behalf of your office o	r for your muni	cipality or other No
		ed "yes" to the question, u answered "no" to the q		ed not complete the rest of the to the next question.)	is form, except ti	hat you must sign
If you that:	are beir	ng paid for your represen	ntation, or if yo	ur appearance is part of other	er paid duties, de	you understand
	1.	Before you engage in lowith the City Clerk?	bbying as a lob	byist, you or your principal	must file an auth  Yes	
	2.	Your principal is not powith the City Clerk?	ermitted to autl	norize you to lobby unless t	he principal is 1	egistered No
	3.		r), the principal	nore than \$500 for lobbying must file expense statement ear?	s with the City	
(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)						
Date _	2/	21/08	Signature	Masami N	mi &	Mues.
	,	,	Print Name	Masami N	ii Gline	-\$

# City of Madison Registration Statement – CCOC Sister Cities Grant Review Subcommittee

You must register before the Subcommittee considers your item.

Please Print	
Agenda No. 1	Name Duna Zemliaus Kas-Juozevici Address 701 South Shore Ar. Madison WI 53715
Please check the appropriate boxes:	
Support  ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions  At this meeting are you representing an orga (If you answered "no," STOP; you need no question.)	Oppose  ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions  anization or a person other than yourself: ☐ Yes ☐ No an complete the rest of this form. If you answered "yes," go on to the next
Name, address and telephone number of each	ch person or organization you are representing:
Madison Vilnius Sistes	Citrès, he
· 	
Are you being paid for your representation?	☐ Yes 📈 No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this person or organization? Yes No No to complete the rest of this form. If you answered "yes," go on to the next
	5 minutes

Other Items......3 minutes

	ou an e nmental		ring solely on behalf of your	office or for your mun	icipality or other  No
			<b>OP.</b> You need not complete the tion, go on to the next question.		that you must sign
If you that:	are bei	ing paid for your representation	on, or if your appearance is pa	rt of other paid duties, d	lo you understand
	1.	Before you engage in lobby with the City Clerk?	ing as a lobbyist, you or your p	orincipal must file an aut	horization  No
	2.	Your principal is not permi with the City Clerk?	tted to authorize you to lobby	unless the principal is Yes	registered No
	3.		will owe more than \$500 for lee principal must file expense a calendar year?	• •	- <del>-</del>
		, ,	ree questions, please call the C ling, Madison, for more inform	-	go to the Clerk's
Date _		Sig	gnature	·	
		Pri	nt Name		