TO# 08921

Date: 3/18/2018

CITY OF MADISON

Registration Statement	
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Luosheng Mo
Agenda No. 5	- Address 3 westbrook Cir.
	Madison, WI 53711
Please check the appropriate boxes:	
Support Oppose	and Wish to speak Do not wish to speak
Neither Support Nor Opp	Oose Available to answer questions
At this meeting are you representing an o (If you answered "no," STOP ; you need of who you represent and go on to the ne.	organization or a person other than yourself: Yes No not complete the rest of this form If you answered "yes," provide the name at question)
Name, address and telephone number of	each person or organization you are representing:
Are you being paid for your representation	on?
	oaid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
	Common Council) 5 minutes
and the second of the second o	ing 3 minutes 3 minutes

Are you an elected offic other governmental body	ial or employee who is appearing solely on behalf of your office or for your municipality or 汉 Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	to the question, STOP. You need not complete the rest of this form, except that you must signed "no" to the question, go on to the next question)
If you are being paid fo that:	or your representation, or if your appearance is part of other paid duties, please be advised
	ou engage in lobbying as a lobbyist, you or your principal must file an authorization City Clerk.
2 Your pri City Cle	ncipal is not permitted to authorize you to lobby unless you are registered with the
period (orincipal spends or will owe more than \$1,000 for lobbying services in any reporting half year), the principal must file expense statements with the City Clerk for the er of the calendar year?
(Please go to the City Room 103 of the City-Co	Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ounty Building, Madison, for more information)
Date 3/18/2018	Signature) Mill Mill Mill Mill Mill Mill Mill Mi
	Print Name Zuosheng Mo

Date: 3-18-08

CITY OF MADISON

Registration Statement -	Common C	Council	
	COMMITTEE		
Please Print			
	PLEASI	E PRINT NAME CLEARLY	
463	Name	KEN LONNQ	
Agenda No. 08921-Resurf	ACING Address	350 RUSSE	L ST
EASTWOOD DR	U	MAD 537	
Please check the appropriate box:		Please check the appropria	ite box:
		■ Wish to speak	
Support	AND	Do not wish to speak	
Oppose No:ther Support Nor Oppo		Available to answer que	stions
Neither Support Nor Oppo			
At this meeting are you representing an org	ganization or a pers	on other than yourself: Yes	⊠ No
(If you answered "no," STOP; you need n	ot complete the resi	t of this form If you answered "yes,"	provide the name
of who you represent and go on to the next	question)		
Name, address and telephone number of ea	ach nerson or organ	ization you are representing:	
Traine, address and telephone number of ca	on person or organ.	ization you are representing.	
Are you being paid for your representation	?	Yes	M/No
Are you appearing as part of your other pa			No No
(If you answered "no," STOP; you need n	ot complete the res	st of this form If you answered 'yes,	go on to the next
question)			
Speaking Limits: Public Hearing (Co	mmon Council)	5 minutes	
Information Hearin	g	3 minutes	
Other Items		3 minutes	

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? — Yes — No
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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 you are registered with the City Clerk
3	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
Please go 1 Room 103 of	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 3/18/08

CITY OF MADISON

Registrati	on Statement -	Common (Council		
		COMMITTEE			
Please Print		N. D. PAO			
			E PRINT NAME		
(XY) BOOK		Name	JOANNE	SCHILLIN	16
Agenda No.	121-Result	ACING _{Address}	350 Ru	55ell ST	大 。这是是
EASTWOOD	DR.		MADISO	ON W/5	3704
Please check the app	ronriete boy:		Please c	heck the appropris	ate hox:
Trease eneck the app	opiiate box.			seek the approprie	ne box.
Support		AND		to speak	
Oppose		AND		ot wish to speak lable to answer que	etione
M Neither Su	pport Nor Oppos	e		table to answer que	Stions
At this meeting are yo (If you answered "no,	" STOP; you need no	t complete the res			☑ No ' provide the name
of who you represent of	ind go on to the next q	juestion)			
Name, address and tel	ephone number of eac	h person or organ	ization you are re	presenting:	
Are you being paid for	your representation?			☐ Yes	∑ No
Are you appearing as j (If you answered "no, question)					☑ No " go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing		3 minutes		
	Other Items		3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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Date	Signature
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				Date: 3/	18/08
		CITY OF MA	ADISON		
Registra	and the contract of the contra	Common (Council		
Please Print					
		PLEASE	PRINT CLEARLY	1 <	
75	92145	Name	-SOWAKI	7 0	100H
Agenda No. 02		Address	5914 50	UTH F	HU DR
			MADISON,	WI	53705
Please check the app	ropriate boxes:				
Support			and Wish to s	peak ish to speak	
Oppose Neither S	upport Nor Oppose			to answer ques	tions
(If you answered "n	you representing an organize, "STOP; you need not contain and go on to the next que	omplete the res			No provide the name
Name, address and t	elephone number of each p	erson or organ	ization you are represe	enting:	
Are you being paid	for your representation?			☐ Yes	☐ No
	s part of your other paid du o," STOP; you need not co			☐ Yes nswered "yes,'	☐ No go on to the next
Speaking Limits:	Public Hearing (Commo		5 minutes 3 minutes		

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "yes" to the question, STOP. 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.)
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Date	18/0 K Signature
	Print Name Sover Single