Registration Statement	Name of Board, Committee or Comm	nission .		,	:
Name Julia Acata Address Zall nelissa	Fratta	Date	5/10/12		- -
Support	Oppose	Do N	i to Speak lot Wish to Speak lable to Answer Que	stions	
At this meeting are you representing (If you answered "no," STOP; you need no	of complete the rest of marjornic grown			Yes No)
Name, address and telephone num Lahw Chamber 0. (608) F12-3522	1 Will Water of som	n you are repress	enting:	or a sum i paradic	~. ~. ~
Are you being paid for your repres	entation?			Yes No) ,
Are you appearing as part of your (If you answered "no" to both these quest. If you answered "yes," turn over to the ne	1085, 31 U.F. 10st need not complete with	or organization? rest of this form.	•	Yes WNo	
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	Registration Stateme	· ·			
Are you an elected official who governmental body? (If you answered "yes" to the question, & If you answered "no" to the question, go	STOP. You need not complete the rest of on to the next questions.)	this form except tha	t you must sign this form.	••))
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Date	Signature	Ma Was	Az-Fralta.	· · · · · · · · · · · · · · · · · · ·	-

Registration S	tatement	Name of Board, Committee or	Commission	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Name Address	JuAN Jos 2532 Fair Madison,	E LOPEZ Deld flave DI 53704	Date Item	7-10-12 CDBG Fund	ding E	conomi evelop
Suppor	t	Oppose	fod 🖺	h to Speak Not Wish to Speak ilable to Answer Qu	iestions	
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Date	10-12	SignaturePrint Name		8 0	•	·

Registration S	fatement	Name of Boa	rd, Committee or	Commission						
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Suppor	t 🗀	Oppose		<u> </u>	1	Wish to S Do Not W	peak /ish to Speato to Answer	ak Onestions		
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		her naid du	ties for this pe	rson or org	anizati	on?	•		Yes	El XIO
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Date 7\.\		v	Jame 410	<i>(</i>) (c.	Ç.	men	<i>y</i>			

CITY OF MADISON Registration Statement Name of Board, Committee or Commission Name Address . Wish to Speak Oppose 內 Support Do Not Wish to Speak Available to Answer Questions ∠Yes ☐ No At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.
If you answered "yes," turn over to the next question.) Registration Statement-Page 2 Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.) If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. ☐ Yes authorization with the City Clerk? Your principal is not permitted to authorize you to lobby unless the principal is Yes No 2. registered with the City Clerk? If your principal spends or will owe more than \$500 for lobbying services in any 3. reporting period (calendar quarter), the principal must file expense statements ☐ Yes ☐ No with the City Clerk for the remaining quarters of the calendar year? (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.) Signature GUALDA Print Name

CITY OF MADISON Registration Statement Name of Board, Committee or Commission Date Name Item Address , Wish to Speak Oppose 囚 Support Do Not Wish to Speak Available to Answer Questions Yes No At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.
If you answered "yes," turn over to the next question.) Registration Statement - Page 2 Are you an elected official who is appearing solely on behalf of your office or for your municipality or other (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. governmental body? If you answered "no" to the question, go on to the next questions.) If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. Yes authorization with the City Clerk? Your principal is not permitted to authorize you to lobby unless the principal is Yes ∏ No 2. registered with the City Clerk? If your principal spends or will owe more than \$500 for lobbying services in any 3. reporting period (calendar quarter), the principal must file expense statements Yes with the City Clerk for the remaining quarters of the calendar year? (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.) Signature

Print Name

Registration Statement	Name of Board, Committee or	Commission		
· Name Mario D. M	endoza	Date _	7-10-12	
Address 436 Z Bailf		: Item	26812	
Support	Oppose	Ħ Do	ish to Speak 5 Not Wish to Speak vailable to Auswer C	: Questions
At this meeting are you representing (If you answered "no," STOP; you need no.	g an organization or a pers to complete the rest of this form.	1) you want in a constant of the constant of t	_	n) Ves No
Name, address and telephone numb	er of each person or organ	ization you are repr	esenting:	
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		rcon or organization	1 ?	Yes No
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Are you an elected official who governmental body?	is appearing solely on	behalf of your o	ffice or for your r	nunicipality or other Yes Mo
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County Building, Madison, for more inform Date 7-10-12	Signature 4	aci De d	Roul	· · · · · · · · · · · · · · · · · · ·
Date / / C	Print Name /	lario D. K	Mendeza	

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Registration St	atement	MA deson me of Board, Committee	or Commission	Chamber of	Commence
Name Address /0	lele Chikasi	AWAYA	<u> </u>	Date 7/9/20/2 Item	,
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Date	1/2012	Signature M	CH	Vaca Asix HA	<u> </u>
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Registration S	tatement	Name of Board, Comm	nittee or Commiss	ion		<u>:</u>		
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Date		Signature	Lori YM	inn	CAR	e con	· · · · · ·	
		Print Name	LOCC.	ricer	in ce	-		

Registration S	statement ·	Name of Board, Committee of	or Commission				
Name	amille Mo	Captely	Dat		10.	12	
Suppor	t 🗇	Oppose .		Wish to Spe Do Not Wis Available to		estions	
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governmental (If you answered If you answered "	body'l "yes" to the question, ! no" to the question, go	no is appearing solely or STOP. You need not complete the on to the next questions.)	e rest of this form ex	cept that you mu	st sign ihls form	•	
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Date		Signature		Z		····	·
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registration of		Name of Board, Cor	nmittee or Commiss	ion	•		•
A\ .		Z.R.V		Date	7-18-1	2	
Name Address 5	<u> </u>		•	Item			
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Support		Oppose	•	Ħ :	Wish to Speak Do Not Wish to Spe Available to Answe	eak ir Questions	
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. r	eporting period (or with the City Clerk	calendar quarter), for the remaining	quarters of the	calendar	ying services in any expense statements year?	Yes	No No
		usa arrantiana alagaa	call the City Clerk	at 266-4601	I or go to the Clerk's Of	Jice at Room 103 oj	the City-
(If you answered "ne County Building, Ma	o" to any of the last the dison, for more inform	ree questions, piease : ation.)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2	•		
Date 7 10	12	Signature_	Hunt	D-	014	·_·	
		Print Name_	HALKON	PER		·	

CITY OF MADISON Registration Statement Name of Board, Committee or Commission Name Address Wish to Speak Oppose Support Do Not Wish to Speak Available to Answer Questions √Yes ∏No At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.) Registration Statement - Page 2 Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.) If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. ∏ No ☐ Yes authorization with the City Clerk? Your principal is not permitted to authorize you to lobby unless the principal is 2. ∏No Yes registered with the City Clerk? If your principal spends or will owe more than \$500 for lobbying services in any 3. reporting period (calendar quarter), the principal must file expense statements □No with the City Clerk for the remaining quarters of the calendar year? (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.) Signature Date Print Name

Registration States	nent	ne of Board, Committee of	or Commission		7/./.2		
Name <u>FAVS</u> Address 230	TO E. PT 5 S. PARK ADTSOH, WI	UFRA. ST. #103 S3713		Date	2013-204	Jurist	46)
Support	Opi	oose		Do No	to Speak ot Wish to Speak able to Answer Qu	estions	
At this meeting are (If you answered "no," of	STOP; you need not con	piete ine rest oj mis join.	. 17 7019 (2.15	- y · · · ·		Yes	□No
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Date	<u>Z</u>	Signature Print Name	After FAUS	70 E.	LIVIKA :		

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		(.)	SBG	IWWBIC	<u> </u>
Registration Statement	Name of Boar	d, Committee or Comm	nission	1. 1	
Name Michelle Address 2300 S Maolison	Anich Park	- WWBIC St 103	Date:		2012 14 Funding
Support	Oppose .			Wish to Speak Do Not Wish to Speak Available to Answer Qu	iestions
At this meeting are you representi	tot complete the r	est of this form. If you	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>) Yes □No
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Are you being paid for your repres		·	, v. 1.00		Yes Xo
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		istration Stateme			
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Date //10/12	Signatu Print Na	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10/10	Anich:	

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Registration St	atement	Name of Board, Committee or		vwak		
· Name	Laura D	evyles	Da			
Address	8 Milyane WT	Ridge Onve	: Ite	m 7013 - 2014 F	nashy	<u> </u>
Support	, _□	Oppose		. Wish to Speak Do Not Wish to Speak Ayailable to Answer Qu	estions	
(If you answered "n	o," STOP; you need no		, , , o , , ,		yes	□No
2.300	S. Parksi	er of each person or organi 3 - 257 - 5 450	·		4	
MRG	(For , W)	5.3913			Yes	Nº0
	aid for your represe	•			C-1 X7	AIM's
Afrani answered "ni	ng as part of your o o" to both these questions," turn over to the next	ther paid duties for this per ons, STOP. You need not complet t question.)	rson or organiz te the rest of this fo	ation? orm.	∐ Yes	[Mako
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		Registration Sta	•			
governmental be	ody? to the avestion. Si	OP. You need not complete the I	behalf of you rest of this form ex	nt office or for your muscept that you must sign this form	ınicipality ☐ Yes ¹ .	or other No
If you answered "no	o" to the question, go o	n to the next questions.)				
				other paid duties, do you	understand f	that:
	authorization with				Yes	∏ No
	registered with the				. Yes	□No
	warranting pariod (pends or will owe more the calendar quarter), the prin c for the remaining quarters	fothat most in	O OVDOUDO SHELLE	☐ Yes	□No
Af von answered "n	o" to any of the last th adison, for more inform	ree questions, please call the Ci	ty Clerk at 266-40	50I or go to the Clerk's Office a	t Room 103 of	the City-
	-12	Signature Law	a Seedre	ės	· · · ·	·
		Print Name Que	a J Del	res		