

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name ANN FLYNN
Address 360 W. Washington Ave #303
Madison, WI 53703

Date 01/17/2013

Item 28644 / CARENET

Support Oppose



Wish to Speak
Do Not Wish to Speak
Available to Answer Questions

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.)

Yes No

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation?

Yes No

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.)*

Yes No

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?

Yes No

*(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:

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? Yes No
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? Yes No

(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 _____

Signature _____

Print Name _____

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name Nelson Flynn Date 01/17/2013
Address 360 W Washington Ave #303 Item 28644 / CARENET
Madison WI 53703

Support Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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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? Yes No
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Date _____

Signature _____

Print Name _____

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name Megan McDonell
Address 404 W. Doty St.
Madison WI 53703

Date 01/17/2013
Item 28644 / CARENET

Support Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

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(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Yes No

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation?

Yes No

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.)

Yes No

Registration Statement - Page 2

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Yes No

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Date _____

Signature _____

Print Name _____

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name Caronell Boyd
Address 4901 Sherwood Rd
Madison WI 53711

Date 01/17/2013
Item 28644 / CARENET

Support Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

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.)

Yes No

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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.
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Yes No

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? Yes No

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(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 _____

Signature Caronell Boyd

Print Name _____

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name Mike Quiesto
Address 533 W Main St #108
Madison WI 53703

Date 01/17/2013
Item 28644 / CARENET

Support Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

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.)

Yes No

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation?

Yes No

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.)*

Yes No

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?

Yes No

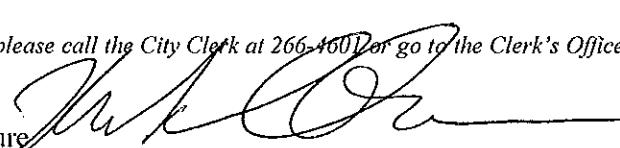
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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 1/17/13

Signature 

Print Name Mike Quiesto

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name EDWARD KUTTERSK)
Address 405 SIDNEY ST.
MADISON 53703

Date 01/17/2013
Item 28644 / CARENET

Support Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

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.)

Yes No

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation?

Yes No

Are you appearing as part of your other paid duties for this person or organization?

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Yes No

Registration Statement - Page 2

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Yes No

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(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 _____

Signature _____

Print Name _____

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name ADAM TEMPLER
Address 10 TERRACE CT
MADISON, WI 53713

Date 01/17/2013
Item 28644 / CARENET

Support Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

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:

BK CAREN

Are you being paid for your representation?

Yes No

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.)*

Yes No

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?

Yes No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form.
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If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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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? Yes No

(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 1/17/13

Signature ADAM TEMPLER

Print Name ADAM TEMPLER

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name Rodney Tapp
Address _____

Date 01/17/2013
Item 28644 / CARENET

Support Oppose Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

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:

Meridian Group, Inc
P.O. Box 620800
Middleton, WI 53562-0800

Are you being paid for your representation?

Yes No

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.)

Yes No

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?

Yes No

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Yes No

2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?

Yes No

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?

Yes No

(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 1/17/13

Signature _____

Print Name Rodney Tapp

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name Tanis Jean-Louis
Address 2817 Irvington Way
Madison, WI 53713

Date 01/17/2013
Item 28644 / CARENET

Support Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

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.)

Yes No

Name, address and telephone number of each person or organization you are representing:

Care Net Pregnancy Center of Dane County
1350 MacArthur Rd Madison, WI 53714

Are you being paid for your representation?

Yes No

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.
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Yes No

Registration Statement - Page 2

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Yes No

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Date 01/17/2013

Signature

Print Name



Tanis Jean-Louis

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name Julie Bennett
Address 5801 Juniper Ridge
McFarland WI 53558

Date 01/17/2013
Item 28644 / CARENET

Support Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

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:

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1360 MacArthur Rd
Madison WI 53714

Are you being paid for your representation?

Yes No

Yes No

Are you appearing as part of your other paid duties for this person or organization?
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Registration Statement - Page 2

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Yes No

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Date 1/17/2013

Signature Julie Bennett

Print Name Julie Bennett

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name John Kotche
Address 8 Fuller Ct

Date 01/17/2013
Item 28644 / CARENET

Support Oppose

Wish to Speak
 Do Not Wish to Speak
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Carenet

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Yes No

Yes No

Registration Statement - Page 2

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Date 1/17/13

Signature J. Kotche

Print Name John Kotche

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name MARK Landgraf
Address 2130 West Lawn
Madison, WI

Date 01/17/2013
Item 28644 / CARENET

Support Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

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:

CARENET
MADISON, WI

Are you being paid for your representation?

Are you appearing as part of your other paid duties for this person or organization?

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Yes No

Registration Statement - Page 2

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 Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
 Yes No
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 Yes No

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Date 1/17/13

Signature M. Landgraf

Print Name MARK Landgraf

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name Elizabeth Osborn
Address 3089 Hawley Haven Trail

Date 01/17/2013
Item 28644 / CARENET

Support Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(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:

Care Net Pregnancy Center of Dane County
1350 McArthur Rd.

Are you being paid for your representation? Yes No

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.
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Yes No

Registration Statement - Page 2

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Date 1/17/2013

Signature Elizabeth Osborn
Print Name Elizabeth Osborn

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name Kevin Page
Address 1023 Williamson St #2
Madison WI 53703

Date 01/17/2013
Item 28644 / CARENET

Support Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

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:

Applicant, care Net

Are you being paid for your representation?

Yes No

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.)*

Yes No

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?

Yes No

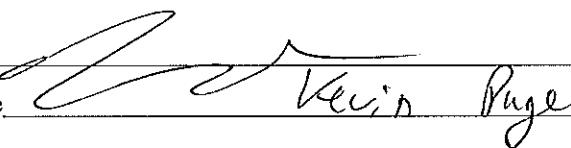
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Date 1/17/13

Signature 
Print Name Kevin Page

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name Don Bernards
Address 101 Terrace Court
Madison, WI 53718

Date 01/17/2013
Item 28644 / CARENET

Support Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself:

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Yes No

Name, address and telephone number of each person or organization you are representing:

Caret Net

Are you being paid for your representation?

Yes No

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.
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Yes No

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?

Yes No

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Yes No

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Yes No

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?

Yes No

(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 1/17/13

Signature Donald Bernards 

Print Name Donald Bernards

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name Harry Richardson
Address 18 Sherman Ter. No. 4
Madison

Date 01/17/2013

Item CareNet

Support Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

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.)

Yes No

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation?

Yes No

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.

Yes No

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?

Yes No

(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:

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? Yes No
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? Yes No

(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 _____

Signature _____

Print Name _____

CITY OF MADISON

Speaker List

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name JOE CHAUSGUS
Address 146 CHAPENDON CT
0117 0100R

Date 01/17/2013
Item 28644 / CARENET

~~REGISTERED~~
~~SPEAK WAS C- END OF~~
~~DISCUSSION~~

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 Do Not Wish to Speak
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