| Registratio                     |  | <u>mmunity Services Co</u><br>f Board, Committee or Co |                                      | Qur                   | bow                       |               | HLCT              |           |
|---------------------------------|--|--|--------------------------------------|-----------------------|---------------------------|---------------|-------------------|-----------|
| ,                               |  | 1 Dourd, Committee of Ce                               | минизмон                             |                       | 2/ 1                      |               | 1                 |           |
| Name (<br>Address               | lelsa Robrique 7   |  | _ Dat                                |                       | 1/1/10                    | <u> </u>      | <u> </u>          |           |
| Audress                         | <u> </u>   |  | _ Iter                               | m                     |                           |               |                   |           |
| —                               | . 4  |  | <u> </u>                             |                       |                           |               |                   |           |
| [∑] Supp                        | oort Dppose  | •  |                                      |                       | to Speak ot Wish to       | Cnoale        |                   |           |
| •                               |  |  |                                      |                       | ot wish to<br>able to Ans |               | stions            |           |
| A 6 47 * 4*                     |  |  |                                      |                       |                           |               | _                 | <b>,</b>  |
|                                 | ng are you representing an orga<br>I "no," STOP; you need not complete                                       |  |                                      |                       | n to the next             | auestion.)    | Yes               | ∐ No      |
|                                 |  | ÷  |                                      |                       | •                         | 1             |                   |           |
| Name, addre                     | s and telephone number of eac  | h person or organizat                                  | tion you are r                       | represe               | nting:                    |               |                   |           |
|                                 |  | <u> </u>   |                                      |                       |                           |               |                   |           |
|                                 |  |  |                                      | -                     |                           | <del></del> . |                   |           |
| Are you bein                    | g paid for your representation?  |  |                                      |                       |                           |               | ☐ Yes             | No        |
| Are vou enne                    | aring as part of your other paid   | duties for this reces                                  |                                      | 419                   |                           |               | □ xr-:            | /<br>[] > |
| (If you answered                | aring as part of your other paid "no" to both these questions, STOP. "yes," turn over to the next question." | You need not complete th                               | i or organizai<br>e rest of this for | 11011 <i>1</i><br>rm. |                           |               | ∐ Yes             | No        |
|                                 | •  |  |                                      |                       |                           | п             |                   |           |
|                                 | ·  |  |                                      |                       |                           |               |                   |           |
|                                 |  |  |                                      | ,                     |                           |               |                   |           |
|                                 |  | •  |                                      |                       |                           |               |                   |           |
|                                 |  | Registration State                                     | ment - Page                          | 2                     |                           |               |                   |           |
| Àre vou a                       | n elected official who is ap   | pearing solely on be                                   | ehalf of you                         | ur offic              | e or for y                | our mu        | nicipality        | or other  |
| governmen                       | al body?   | •  |                                      |                       |                           |               | Yes               | ☐ No      |
| (If you answer<br>If you answer | ed "yes" to the question, <b>STOP.</b> You<br>d "no" to the question, go on to the n                         | need not complete the res<br>ext questions.)           | t of this form ex                    | xcept thai            | you must sig              | n this Jorm   |                   |           |
| Y6 h                            | eing paid for your representation  | n or if your appears                                   | nce is part of                       | othern                | aid duties                | do vou u      | nderstand         | that      |
| ir you are o                    | •  | e e  | •                                    |                       |                           |               | nacisana          | uiat.     |
| 1.                              | Before you engage in lob   | bying as a lobbyist, y                                 | ou or your p                         | principa              | l must file               | an            | □ v <sub>oo</sub> | □No       |
|                                 | authorization with the City  | Clerk?   |                                      |                       |                           |               | Yes               | Пий       |
| 2.                              | Your principal is not pern   |  | u to lobby u                         | ınless tl             | e principa                | l is          | [****] N.7        |           |
|                                 | registered with the City Cl  | erk?   |                                      | 4                     |                           |               | Yes               | ☐ No      |
| 3.                              | If your principal spends or  | will owe more than                                     | \$500 for lobl                       | bying s               | ervices in a              | ny            |                   |           |
|                                 | reporting period (calendar with the City Clerk for the   |  |                                      |                       | se stateme                | nts           | Yes               | ∏No       |
|                                 | •  |  |                                      | -                     |                           |               |                   |           |
|                                 | d "no" to any of the last three quest<br>g, Madison, for more information.)                                  | ons, please call the City (                            | Clerk at 266-460                     | 01 or go              | to the Clerk's            | office at     | Room 103 oj       | the City- |
| Date                            | Si   | gnature  |                                      |                       |                           |               |                   | ·         |
|                                 | •  | nt Name  |                                      |                       |                           |               |                   |           |

| Registration                           | 1 Statement   | Community Services Converse of Community Services Converse of Committee or Converse of Committee or Converse of Co |   |                             |
|--|---|--|---|-----------------------------|
| Name _<br>Address _                    | Emily Ville<br>85 Golden  | 0000<br>od lane #4   | •   | ember 2016                  |
| Supp                                   | port []   | Oppose   | Wish to Speak Do Not Wish to Sp Available to Answ   |                             |
|  |   | g an organization or a person<br>of complete the rest of this form. If y   | other than yourself:<br>ou answered "yes," go on to the next que  | Yes No                      |
|  | er Communi  | per of each person or organiza<br>LU GOU (ATION (<br>OGA   | tion you are representing:<br>UTEW<br>(603-833-   | - 49                        |
| Are you bein                           | g paid for your represe   | entation?  |   | ☐ Yes ☐ No                  |
| (If you answered                       |   | ther paid duties for this perso<br>ons, STOP. You need not complete to<br>t question.)   |   | ☐ Yes ☐ No                  |
|  |   |  | ·   |                             |
|  |   | Registration States  | nent - Page 2   |                             |
| (If you answered If you answered       | i 00dy?<br>l "yes" to the question, SI<br>"no" to the question, go or | OP. You need not complete the rest a to the next questions.)   | half of your office or for your of this form except that you must sign this ce is part of other paid duties, do y | Yes No                      |
| 1.                                     | Before you engage authorization with t                                | in lobbying as a lobbyist, yo<br>he City Clerk?  | ou or your principal must file an   | ☐ Yes ☐ No                  |
| 2.                                     | Your principal is no registered with the (                            | ot permitted to authorize you<br>City Clerk?   | to lobby unless the principal is  | ☐ Yes ☐ No                  |
| 3.                                     | reporting period (ca<br>with the City Clerk I                         | llendar quarter), the principa<br>or the remaining quarters of t   |   | ☐ Yes ☐ No                  |
| (If you answered<br>County Building, . | "no" to any of the last thre<br>Madison, for more informa             | e questions, please call the City Cletion.)  | erk at 266-4601 or go to the Clerk's Offic  | ee at Room 103 of the City- |
| Date                                   |   | Signature  |   |                             |
|  | •   | Print Name   |   |                             |

| Registration 8                           |  | Community Services C  |                                       |  | · · · · · · · · · · · · · · · · · · · | ·                   |
|--|--|---|---------------------------------------|--|---------------------------------------|---------------------|
| Name                                     | Daniel Ste<br>2720 M<br>Madison  | Telling rel   | Da                                    | ate 9/1/10   | -                                     |                     |
| Folly &                                  | nding all Li   | ppose<br>SEC Programs<br>Scling CLEO  |                                       | Wish to Speak<br>Do Not Wish to<br>Available to An | swer Questions                        |                     |
| At this meeting (If you answered "       | , are you representing ai  | n organization or a person mplete the rest of this form. If   | i other than y                        | ourself:<br>ves," go on to the next                | question.)                            | es No               |
|  |  | of each person or organization of Education and State of |                                       |  |                                       |                     |
| Are you being p                          | paid for your representat  | tion?   |                                       |  | Y                                     | es No               |
| (If you answered "r                      | ing as part of your other no" to both these questions, Sees," turn over to the next que  | paid duties for this person<br>TOP. You need not complete to<br>stion.)   | on or organiza<br>the rest of this fo | ation?<br>orm.                                     | ☐ Ye                                  | es 🏻 No             |
|  |  |   |                                       |  |                                       |                     |
|  |  |   |                                       |  |                                       |                     |
|  |  | Registration State  | ement - Page                          | 2  | 4                                     |                     |
| governmental l                           | body?  | appearing solely on b  You need not complete the rest the next questions.)  |                                       | •  | Y                                     | y or other<br>es No |
| If you are bein                          | g paid for your represen   | tation, or if your appeara  | nce is part of                        | other paid duties,                                 | do you understar                      | nd that:            |
| 1.                                       | Before you engage in authorization with the  | lobbying as a lobbyist, y<br>City Clerk?  | you or your                           | principal must file                                |                                       | es No               |
| 2.                                       | Your principal is not registered with the Cit  | permitted to authorize yo<br>y Clerk?   | ou to lobby u                         | inless the principal                               |                                       | es 🗌 No             |
| 3.                                       | reporting period (cale   | ds or will owe more than ndar quarter), the princite the remaining quarters o   | pal must file                         | e expense statemen                                 | any<br>nts                            | es 🗌 No             |
| (If you answered "<br>County Building, M | no" to any of the last three of three o | questions, please call the City (<br>n.)  | Clerk at 266-46                       | 01 or go to the Clerk's                            | s Office at Room 10.                  | 3 of the City-      |
| Date                                     | 10   | Signature Print Name  | aniel "                               | Steinbri   | ng                                    |                     |
|  |  |   |                                       |  |                                       |                     |

| Registration                      | Statement   | Name of Board, Committee   |                    |               |                                       | <u> </u>                 |
|-----------------------------------|---|--|--------------------|---------------|---------------------------------------|--------------------------|
|                                   |   | •  |                    |               | í i                                   |                          |
| Name _                            | CARLJEF   | FRYSOM   | <del></del>        | Date          |                                       |                          |
| Address                           | 6 6 4 V 10  | DAA WAS CT HET   | 7                  | Item          | Franks L.                             | Be Funding               |
| , /                               | MAN 130 D F 1   |  | <del></del>        |               |                                       |                          |
| Supp                              | ort 🔲   | Oppose   |                    |               | sh to Speak                           | •                        |
| •                                 |   | •  | Ĺ                  |               | Not Wish to Speal ailable to Answer ( |                          |
|                                   | •   |  | Ŀ                  |               | illable to Thiswer                    |                          |
|                                   |   | g an organization or a peot of this form   |                    |               |                                       | m.) ☐Yes ☐ No            |
|                                   |   | oer of each person or orga   |                    |               |                                       |                          |
| Lussi                             | OF CUMENTY E  | DUCETION ( RUTEA   | 1 550              | E. GAMNO      | nRn, MADI                             | 100,47                   |
| γ                                 | 33-4979   |  |                    |               | · · · · · · · · · · · · · · · · · · · | •                        |
|                                   |   |  |                    |               |                                       | <i>J</i> .               |
| Are you being                     | paid for your represe                                     | entation?  |                    |               |                                       | Yes Z-No                 |
| Are you appea                     | uring as part of your o                                   | ther paid duties for this  | person or org      | anization?    |                                       | ☐ Yes ☐ №6               |
| (If you answered                  | "no" to both these questic<br>'yes," turn over to the nex | ons, STOP. You need not comp   | plete the rest of  | this form.    |                                       |                          |
|                                   |   |  |                    |               |                                       | •                        |
| •                                 |   |  |                    |               |                                       | •                        |
|                                   |   |  |                    |               |                                       |                          |
|                                   |   |  |                    | ,             |                                       |                          |
|                                   | •   | Registration S   | Statement - 1      | Page 2        |                                       |                          |
| Are you an governmenta            |   | o is appearing solely o  | on behalf of       | f your off    | ice or for your r                     | nunicipality or other    |
| (If you answered                  | l "yes" to the question, S<br>"no" to the question, go o  | TOP. You need not complete the not to the next questions.)                                   | he rest of this fo | orm except th | at you must sign this fo              |                          |
| If you are bei                    | ng paid for your repre                                    | esentation, or if your appe  | earance is pa      | ort of other  | paid duties, do you                   | understand that:         |
| 1.                                | Before you engage<br>authorization with                   | e in lobbying as a lobby<br>the City Clerk?  | ist, you or y      | our princij   | oal must file an                      | Yes No                   |
| 2.                                | Your principal is registered with the                     | not permitted to authorize City Clerk?   | e you to lob       | by unless     | the principal is                      | Yes No                   |
| 3.                                | reporting period (  | pends or will owe more to<br>calendar quarter), the pro-<br>calent for the remaining quarter | rincipal mus       | t file expe   | nse statements                        | ☐ Yes ☐ No               |
| (If you answered County Building, | "no" to any of the last th<br>Madison, for more inform    | ree questions, please call the action.)  | City Clerk at 2    | 66-4601 or g  | o to the Clerk's Office               | at Room 103 of the City- |
| Date                              |   | Signature  |                    |               |                                       |                          |
| •                                 |   | Print Name   |                    |               |                                       |                          |

| Registration Statement  | Community Services Committee  Name of Board, Committee or Commission   |
|---|--|
| Name April P<br>Address SS-E<br>Wadisc  | Date 9/1/2010  Them  Them  Them  The state of the state o |
| Support   | Oppose  Wish to Speak  Do Not Wish to Speak  Available to Answer Questions   |
| At this meeting are you repres (If you answered "no," STOP; you n               | enting an organization or a person other than yourself:  eed not complete the rest of this form. If you answered "yes," go on to the next question.)  Yes No   |
| Name, address and telephone in Lusgier Commun                                   | ٠ - المحل  |
| Are you being paid for your re  | presentation?  |
| Ara vou annearing as part of V  | our other paid duties for this person or organization?  Yes No puestions, STOP. You need not complete the rest of this form.   |
|   | 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?  | n, STOP. You need not complete the rest of this form except that you must sign this form.  |
| If you are being paid for your r  | epresentation, or if your appearance is part of other paid duties, do you understand that:   |
| Before you en authorization y   | gage in lobbying as a lobbyist, you or your principal must file an vith the City Clerk?  |
| Your principal registered with  | is not permitted to authorize you to lobby unless the principal is the City Clerk?   |
| reporting period  | al spends or will owe more than \$500 for lobbying services in any od (calendar quarter), the principal must file expense statements elerk for the remaining quarters of the calendar year?  |
| (If you answered "no" to any of the lo<br>County Building, Madison, for more in | ast three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-  office at Room 103 of the City-  |
| Date_ 9/1/10  | Signature Agreen Mel   |
| ( (   | Print Name ADRIL MILLED  |

Support 2011 funding levels CITY OF MADISON programs particularly Registration Statement Community Services Committee Name of Board, Committee or Commission Wish to Speak Support Oppose Do Not Wish to Speak Available to Answer Ouestions At this meeting are you representing an organization or a person other than yourself: | | Yes (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? Yes 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 Yes No 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. authorization with the City Clerk? | | Yes Your principal is not permitted to authorize you to lobby unless the principal is 2. registered with the City Clerk? Yes No 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\_ Date Print Name

| Registration                              | Statement                              | Community Services Committee   |                                      |
|---|--|--|--------------------------------------|
|   | _                                      | Name of Board, Committee or Commission   |                                      |
| Name _                                    | Sonya Li                               | ndguist Date 98  | 1. /2010<br>ICA funding              |
| Address                                   | <u> 4142</u>                           | Monona DR. Item Fuh  | ICA funding                          |
|   | Mad                                    | son, Wis. 53716  |                                      |
| Suppo                                     | rt 🔀                                   | Oppose Wish to Spe   |                                      |
|   |  | Oppose Of kather question  Available to  | h to Speak                           |
|   | -                                      | Available to   | Answer Questions                     |
|   |  | nting an organization or a person other than yourself: ed not complete the rest of this form. If you answered "yes," go on to the  | next question.) Yes No               |
| Name, address                             | and telephone r                        | umber of each person or organization you are representing:   |                                      |
| FUNC                                      | A 2                                    | 33-3100  |                                      |
|   |  |  |                                      |
| Are you being p                           | paid for your rep                      | resentation?   | ☐ Yes 💆 No                           |
| <b>^</b>                                  |  |  | Yes No                               |
|   | no" to both these q                    | ur other paid duties for this person or organization? sestions, STOP. You need not complete the rest of this form. senext question.)   | X Yes                                |
| .*  |  |  |                                      |
|   |  |  |                                      |
|   |  |  |                                      |
|   |  |  |                                      |
|   |  | Registration Statement - Page 2  | •                                    |
|   |  |  | u                                    |
| Are you an e                              |  | who is appearing solely on behalf of your office or fo   | r your municipality or other Yes No  |
| (If you answered '                        | 'yes" to the questio                   | n, STOP. You need not complete the rest of this form except that you must go on to the next questions.)  |                                      |
| If you are being                          | g paid for your r                      | epresentation, or if your appearance is part of other paid dutie   | es, do you understand that:          |
| 1.  |  | gage in lobbying as a lobbyist, you or your principal must to ith the City Clerk?  | ile an Yes No                        |
| 2.  | Your principal registered with         | is not permitted to authorize you to lobby unless the princi<br>the City Clerk?  | pal is Yes No                        |
|   | reporting perio                        | I spends or will owe more than \$500 for lobbying services in the calendar quarter), the principal must file expense states erk for the remaining quarters of the calendar year? | •                                    |
| (If you answered "i<br>County Building, M |  | st three questions, please call the City Clerk at 266-4601 or go to the Cle<br>formation.)   | rk's Office at Room 103 of the City- |
| Date 9/1/                                 | 10                                     | Signature Howeld June  | un H                                 |
|   | ,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,- | Print Name Shrya Lindau  | rist                                 |

| Registration Statement   | Community Services (  |   |   |   |          |
|--|---|---|---|---|----------|
|  | Name of Board, Committee or   | Commission                                | , ,   |   |          |
| Name Freda (   |   | Date                                      | 9/1/0   |   |          |
| Address 30 01  | SU SU   | Item                                      |   |   |          |
| The same   | W/ 530  | <u> </u>                                  |   |   |          |
|  |   | $\supset$                                 |   |   |          |
| Support  | Oppose  |   | Wish to Speak                                 | •                                       |          |
| Nethor   |   | <del></del>                               | Do Not Wish to Speak<br>Available to Answer ( |   |          |
| 1 10 4 1 6   |   | 2   | Available to Allswel (                        | Suconons                                |          |
| At this meeting are you representing (If you answered "no," STOP; you need to  | ng an organization or a person to complete the rest of this form. I,                        | on other than your fyou answered "yes,    | rself:<br>" go on to the next questio         | n.) Yes                                 | □ N      |
| Name, address and telephone num  | her of each person or organi  | zation voii are rei                       | oresenting:                                   |   |          |
| (Perant KP.50  | mi (eule  |   |   |   |          |
| 1207 Willia  | moon St 2   | sute 10                                   | 2   |   | ··       |
| Marison C  | N 53703   |   |   | •                                       |          |
| Are you being paid for your repres   | rentation?  |   |   | AVes                                    | ÀW.      |
| Are you being paid for your repres   | Citation  |   |   | 7 103                                   |          |
| Are you appearing as part of your (If you answered "no" to both these quest If you answered "yes," turn over to the ne | ions, <b>STOP</b> . You need not complete   | son or organization the rest of this form | on?   | Yes                                     | □ No     |
|  |   |   |   |   |          |
|  |   |   | -   | *************************************** |          |
|  |   |   |   |   |          |
|  |   | •   |   |   |          |
|  | 70 14 41 64 4   | 4 70 40                                   |   |   |          |
|  | Registration State  | ement - Page 2                            |   |   |          |
| Are you an elected official who governmental body?   | is appearing solely on be   | ehalf of your o                           | ffice or for your mu                          | ınicipality c<br>∐Yes                   | r other  |
| (If you answered "yes" to the question, SI<br>If you answered "no" to the question, go o                               |   | t of this form except                     | that you must sign this forn                  | n.                                      | / -      |
| If you are being paid for your repre   | sentation, or if your appearan  | nce is part of othe                       | er paid duties, do you u                      | understand th                           | nat:     |
| 1. Before you engage authorization with  | e in lobbying as a lobbyist, y<br>the City Clerk?   | ou or your princ                          | cipal must file an                            | Yes                                     | □No      |
| 2. Your principal is n registered with the   | not permitted to authorize yo<br>City Clerk?  | u to lobby unles                          | s the principal is                            | Yes                                     | □ No     |
| reporting period (c  | ends or will owe more than sealendar quarter), the princip<br>for the remaining quarters of | oal must file exp                         | ense statements                               | Yes                                     | No       |
| (If you answered "no" to any of the last the   | ree questions, please call the Citv (   | Clerk at 266-4601 or                      | go to the Clerk's Office at                   | Room 103 of t                           | he City- |
| County Building, Madison, for more inform  |   |   |   | , -                                     | •        |
| 9/1/10   |   | ed V                                      | 1/20 ()                                       | •                                       |          |
| Date   | Signature   | man IT                                    | - War   |   | <u> </u> |
| •  | Print Name  | 1 -#KV(V1                                 | 1/ 5K)(_F                                     | `                                       |          |

| Kegist                 | ration statement   |   | d, Committee or Commis                          |                                 |                              | <del></del>                             |                 |
|------------------------|--|---|---|---------------------------------|------------------------------|---|-----------------|
|                        |  |   | a, committee or commit                          | ж                               | 1 1                          |   |                 |
|                        | ime Fana Ad  |   | <u></u>   | Date                            | 9/1/10                       |   |                 |
| Addr                   | ess 7109 Flower U  | · · · · · · · · · · · · · · · · · · ·             | · .   | Item                            | 1   LCEC                     |   |                 |
|                        | <u>Madison, Wl</u>                                       | 58717   |   |                                 |                              | ė.                                      |                 |
| N                      | Support  | Oppose  |   | □ · Wi                          | sh to Speak                  |   |                 |
| لتنا                   | ~ -FF  | OPPOSE  |   |                                 | Not Wish to Speak            |   |                 |
|                        |  |   |   | ☐ Ava                           | ailable to Answer Que        | stions                                  |                 |
| A + +1-i-              |  |   | tion on a manage other                          | n than riarraa                  | ı <b>c.</b>                  | □ Vos                                   | □No             |
| (If you as             | meeting are you repronsive are in meeting are you repro- | esenting an organiza<br>I need not complete the r | est of this form. If you ans                    | swered "yes," g                 | o on to the next question.)  | LA 168                                  | NO              |
|                        |  |   |   |                                 |                              |   |                 |
|                        | address and telephone                                    | •   | <del>-</del>                                    |                                 | senting:                     |   |                 |
| LCEC                   |  |   |   |                                 |                              |   |                 |
|                        |  |   |   |                                 |                              |   |                 |
|                        |  |   |   |                                 |                              |   |                 |
| Are you                | being paid for your                                      | representation?                                   |   |                                 |                              | Yes Yes                                 | MNo             |
| Are von                | appearing as part of                                     | vour other naid duti                              | es for this person or o                         | organization?                   |                              | ☐ Yes                                   |                 |
| (If you an             | swered "no" to both these                                | e questions, STOP. You                            |   |                                 |                              |   |                 |
| If you ans             | swered "yes," turn over to                               | the next question.)                               |   |                                 |                              |   |                 |
|                        |  |   |   |                                 | ·                            |   |                 |
|                        |  |   |   |                                 |                              |   | -               |
|                        |  | 4   |   |                                 |                              |   |                 |
|                        |  |   |   | •                               |                              |   |                 |
|                        |  | Res   | istration Statement                             | - Page 2                        |                              |   |                 |
|                        |  | . `   | ,   |                                 |                              | • | 45              |
| Are yo                 | ou an elected officia                                    | al who is appearin                                | g solely on behalf                              | of your off                     | ice or for your mun          | icipality (                             | or other<br>UNo |
| govern                 | mental body?<br>nswered "ves" to the ques                | tion. STOP. You need n                            | ot complete the rest of the                     | is form except th               | at you must sign this form.  | LJ 103                                  |                 |
| If you an              | swered "no" to the questi                                | on, go on to the next que                         | stions.)  |                                 |                              |   |                 |
| If years               | and hains paid for you                                   | r representation or                               | if your annearance is                           | nart of other                   | paid duties, do you un       | derstand t                              | hat:            |
| ii you a               | are being paid for you                                   | ir representation, or                             | n your appearance is                            | pure or oure.                   | p                            |   |                 |
|                        |  |   | as a lobbyist, you o                            | r your princip                  | oal must file an             |   |                 |
|                        | authorization  | n with the City Clerl                             | <b>?</b>  |                                 |                              | ∐ Yes                                   | No              |
|                        | 2. Your princip  | nal is not permitted                              | to authorize you to                             | lohby unless                    | the principal is             |   |                 |
|                        | registered w   | ith the City Clerk?                               | to dudionize you to                             |                                 | F                            | Yes                                     | ☐ No            |
|                        |  | •   |   |                                 |                              |   |                 |
|                        | 3. If your princ   | ipal spends or will                               | owe more than \$500                             | for lobbying                    | services in any              |   |                 |
|                        | reporting pe   | riod (calendar quar                               | ter), the principal m<br>ning quarters of the o | iusi ille expe<br>calendar vear | nse statements               | Yes                                     | □No             |
|                        | -  |   |   |                                 |                              | ·                                       | <del>-</del>    |
| (If you an<br>County B | nswered "no" to any of the<br>uilding, Madison, for more | e last three questions, pl<br>e information.)     | ease call the City Clerk a                      | nt 266-4601 or g                | o to the Clerk's Office at I | Room 103 of                             | the City-       |
| Date                   |  | Signatu   | e   |                                 |                              |   |                 |
| 1 alu                  |  |   | me  |                                 |                              |   |                 |
|                        |  | Limit Ma  | 1110  |                                 |                              |   |                 |

| Registratio                                 | on Statement   | Community Service Name of Board, Committee   |   |  |                         |
|---|--|--|---|--|-------------------------|
|   |  | Name of Board, Commune   |   |  |                         |
| Name  | KIMBERLY   | STILLE   | Date  | 9-1-10                                 |                         |
| Address                                     | USDOL-OST  | 4)   | Item  |  |                         |
|   | 4802 E. 1304   | YAWOF  | <u> </u>  |  |                         |
| [] Cui                                      | 4802 €, 1380 ¢<br>MADIÉON, WI<br>oport   | 53716  | <b>₹</b> .  | TT. 1 . C . 1                          |                         |
| □ Sul                                       | pport  | Oppose   | <b>₽</b>  | Wish to Speak Do Not Wish to Speak     | _                       |
| ٠.  |  |  | 片   | Available to Answer (                  | i<br>Vuostiona          |
|   | •  |  |   | Available to Aliswei (                 | Anestions               |
| At this mee                                 | ting are you representi<br>ed "no," STOP; you need i   | ng an organization or a penot complete the rest of this form                           | erson other than you<br>m. If you answered "yes                                 | rself:<br>;" go on to the next questio | n.) Yes $\square$ N     |
| Name addr                                   | ecc and telephone num  | ber of each person or orga   | onization von one me  |  |                         |
| rvaine, addit                               | LATINO AC  |  | •   |  |                         |
|   | 1,41,100 1.00  | *(DE)  |   |  |                         |
|   |  |  |   |  |                         |
|   |  |  |   |  |                         |
| Are you bein                                | ng paid for your repres  | entation?  |   |  | Yes XN                  |
|   |  |  |   |  |                         |
| (If you answere                             | earing as part of your of the sequesting of the contract of the sequesting of the sequestion of the sequestion of the sequest of the sequestion of the seque | other paid duties for this p<br>tons, STOP. You need not comp<br>at question.)         | person or organization of the person or organization of the person of this form | on?<br>1.                              | ☐ Yes 🔀 No              |
|   |  |  |   | ·                                      |                         |
|   | •  |  |   |  | -                       |
|   |  |  | •   |  |                         |
|   |  |  |   |  |                         |
|   |  |  |   |  |                         |
|   | •  |  |   |  |                         |
|   |  | Registration S   | Statement - Page 2  | •                                      |                         |
|   |  | 11.  | bahalé aé wayu  | office or for your n                   | ennicipality or othe    |
| Are you a                                   | an elected official wh   | no is appearing solely o   | on benair of your   | office of for your n                   | Yes $\prod N$           |
| governmen<br>(If you answe<br>If you answer | ital body?<br>ired "yes" to the question, i<br>red "no" to the question, go  | STOP. You need not complete to on to the next questions.)                              | the rest of this form exce  | ept that you must sign this fo         |                         |
| If you are b                                | peing paid for your rep  | resentation, or if your app  | pearance is part of o   | ther paid duties, do you               | understand that:        |
| 1.  | Before you enga<br>authorization wit   | ge in lobbying as a lobby<br>h the City Clerk?   | vist, you or your pr  | incipal must file an                   | Yes N                   |
| 2.  | Your principal is registered with th   | not permitted to authorize City Clerk?   | ze you to lobby un  | less the principal is                  | ☐ Yes ☐ No              |
| 3.  | reporting period   | spends or will owe more to<br>(calendar quarter), the p<br>rk for the remaining quarte | rincipal must file  | expense statements                     | ☐ Yes ☐ No              |
| (lf you answel<br>County Buildi             | red "no" to any of the last<br>ing, Madison, for more info   | three questions, please call the mation.)  | City Clerk at 266-460   | or go to the Clerk's Office            | at Room 103 of the City |
| Date  |  | Signature  |   |  |                         |
|   |  | _  |   |  |                         |
|   |  | * * **** * * ***** * * * * * * * * * *   |   |  |                         |

| Registration                         | Statement   | Name of Board, Committee or   |                        |   | <del></del>                            | <del></del> |
|--------------------------------------|---|---|------------------------|---|--|-------------|
| Name<br>Address                      | JAN KAR:<br>20 49 Sum<br>Madison                          |   | Date                   | 9.1:10  |  |             |
| Supp                                 | ort 🔏<br>SH   | Oppose 79 F Alcommondof   | Wi<br>Do               | ish to Speak<br>Not Wish to Speak<br>ailable to Answer Qu | estions                                |             |
|                                      | ig are you representing                                   | g an organization or a person to complete the rest of this form. I                        | n other than yourse    |   | Yes                                    | ☐ No        |
|                                      | SUP OF DON  | er of each person or organic<br>Paragraphy<br>12 Paragraphy<br>53705                      |                        |   |  | <del></del> |
|                                      | Magel 300   | 33/03   |                        |   | ······································ |             |
| Are you being                        | paid for your represen                                    | ntation?  | •                      |   | Yes Yes                                | No.         |
| (If you answered                     |   | her paid duties for this pers<br>ns, STOP. You need not complete<br>question.)            |                        |   | Yes                                    | ∏ No        |
|                                      | •   |   |                        |   |  |             |
|                                      |   | Registration Stat   | ement - Page 2         |   | ·                                      |             |
| governmental (If you answered        | hody?   | is appearing solely on long. You need not complete the reto the next questions.)          |                        |   | ∐ Yes                                  | or other No |
| If you are bein                      | ng paid for your repres                                   | entation, or if your appeara  | ince is part of other  | paid duties, do you ur                                    | nderstand t                            | hat:        |
| 1.                                   | Before you engage<br>authorization with the               | in lobbying as a lobbyist,<br>ne City Clerk?  | you or your princi     | oal must file an  | ☐ Yes                                  | □ No        |
| 2.                                   | Your principal is no registered with the C                | ot permitted to authorize y<br>City Clerk?  | ou to lobby unless     | the principal is  | ☐ Yes                                  | □ No        |
| 3.                                   | reporting period (ca                                      | ends or will owe more than<br>alendar quarter), the princ<br>for the remaining quarters o | ipal must file expe    | nse statements  | Yes                                    | □No         |
| (If you answered<br>County Building, | "no" to any of the last thre<br>Madison, for more informa | ne questions, please call the City<br>tion.)  | Clerk at 266-4601 or g | o to the Clerk's Office at l                              | Room 103 of                            | the City-   |
| Date                                 | 1-10  | Signature Un  | 1 KARST                |   |  | -           |
|                                      | •   | Print Name \( \mathcal{Q} \mathcal{A} \)  | V KARG                 | ot  |  |             |

| Name Kay E Stevens Date 9-1-18  Address Wisconsin Yinth Co Item Child Care 2 Ro  |             |
|--|-------------|
| Name Kay & Stevens Date 9-1-18  Address Wisconsin Yinth Co Item Child Care 2 Pro 1201 McKenna  |             |
| Address Wisconsin Yinth Co Item Child Care 2 Ro  |             |
| 1201 McKenna   | nev         |
|  | -           |
| <u> </u>   |             |
| Do Not Wish to Speak   |             |
| Support  |             |
|  |             |
| 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.)             | No          |
| (5) you answered no, 19101, 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:  |             |
|  | <del></del> |
|  |             |
|  |             |
| Are you being paid for your representation?  | No          |
| Are you appearing as part of your other paid duties for this person or organization?   |             |
| Are you appearing as part of your other paid duties for this person or organization?   [Yes ]  (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.                                 | No          |
| If you answered "yes," turn over to the next question.)  |             |
| en de la companya de<br>La companya de la co |             |
|  |             |
|  |             |
|  |             |
|  |             |
| Registration Statement - Page 2  |             |
| Are you an elected official who is appearing solely on behalf of your office or for your municipality or ot  | her         |
| governmental body?   | 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?   | No.         |
|  |             |
| 2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?   | ٩Ī٨         |
| 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  | To          |
| with the City Clerk for the remaining quarters of the calendar year?   | VO          |
| (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 Ci   | ty-         |
| County Building, Madison, for more information.)   |             |
| Date Signature Kay & Strom   |             |
| Date Signature Kay & Strong Print Name Kay & Stevent   |             |

| Registration Statement  | Name of Board, Committee or Commission  | · · · · · · · · · · · · · · · · · · · |
|---|---|---------------------------------------|
| Name Mara Zu  | Her Date 9/1/10   |                                       |
| Address 4108 CIA  | OKPED. Item   |                                       |
| Moduan  | WI 537V   |                                       |
| ☐ Support ☑ St  | Oppose  Wish to Speak with D  Do Not Wish to Speak  Available to Answer Que   |                                       |
| At this meeting are you representing  | g an organization or a person other than yourself:<br>t complete the rest of this form. If you answered "yes," go on to the next question.)   | Yes No                                |
| Name, address and telephone numb  | er of each person or organization you are representing:   |                                       |
| - 500 N. Seque fee :  | 3705 300  |                                       |
| 1. 1600 (37) (24)   |   |                                       |
| Are you being paid for your represe   | ntation?  | Yes No                                |
|   | her paid duties for this person or organization?  ns, STOP. You need not complete the rest of this form.  question.)  | Yes No                                |
| •   |   |                                       |
|   |   |                                       |
|   | Registration Statement - Page 2   |                                       |
| governmental body?  | is appearing solely on behalf of your office or for your mun<br>FOP. You need not complete the rest of this form except that you must sign this form.<br>In to the next questions.) | icipality or other  Yes No            |
| If you are being paid for your repre-   | sentation, or if your appearance is part of other paid duties, do you un  | derstand that:                        |
| Before you engage authorization with to   | in lobbying as a lobbyist, you or your principal must file an he City Clerk?  | Yes No                                |
| 2. Your principal is n registered with the  | ot permitted to authorize you to lobby unless the principal is City Clerk?  | Yes No                                |
| reporting period (c   | ends or will owe more than \$500 for lobbying services in any alendar quarter), the principal must file expense statements for the remaining quarters of the calendar year?         | Yes No                                |
| (If you answered "no" to any of the last thr<br>County Building, Madison, for more informa- |   | coom 103 of the City-                 |
| Date 91110  | Signature Mad 2 Zutter  Print Name Margaret Zutter  | · · · · · · · · · · · · · · · · · · · |
|   | Print Name Margaret Zutter  | <u>.</u>                              |

| Registration Statement   | Community Services C               |   |                       |
|--|------------------------------------|---|-----------------------|
| -7   | Name of Board, Committee or C      | Commission  |                       |
| Name INN (A)   | BION KRUES                         | Date () 9/(1)/20  | 110                   |
| Address 97 (alko P   | NAT DE                             | Item  |                       |
| - Meducin  |                                    | <u> </u>  |                       |
| ☐ Support ☐  | Oppose                             | Wish to Speak   |                       |
|  | Оррозс                             | Do Not Wish to Speak  |                       |
|  |                                    | Available to Answer Qu  | estions               |
| A J JT T   | • _ <b>,•</b>                      |   |                       |
| At this meeting are you representing (If you answered "no." STOP: you need n |                                    | n otner than yourselt:<br>'you answered "yes," go on to the next question.) | Yes No                |
|  |                                    | •   |                       |
| Name, address and telephone numl   |                                    |   |                       |
| bridge lake lowt   | Melalyhon hood (                   | Center Cos-(1111 - 600)   | /                     |
| THE TOTAL  | W POSSON WI                        | 000 991 011   |                       |
|  |                                    |   |                       |
| Are you being paid for your represe  | entation?                          |   | Yes No                |
| Are you appearing as part of your o  | other paid duties for this person  | on or organization?   | TYes Tho              |
| (If you answered "no" to both these question                                 | ons, STOP. You need not complete   | the rest of this form.  | L 200 L 200           |
| If you answered "yes," turn over to the nex                                  | t question.)                       |   |                       |
|  |                                    |   |                       |
|  |                                    |   | •                     |
|  |                                    |   |                       |
|  |                                    | •   |                       |
|  | Registration State                 | ement - Page 2  |                       |
|  |                                    |   | , (                   |
|  | o is appearing solely on b         | ehalf of your office or for your mur  |                       |
| governmental body?  (If you answered "ves" to the question. S                | TOP. You need not complete the res | st of this form except that you must sign this form.                        | Yes No                |
| If you answered "no" to the question, go of                                  |                                    |   |                       |
| If you are being paid for your rooms   | acontation for if your appropri    | noo is now of other noid duties. do you w                                   | ndanatand that        |
| if you are being paid for your repre   | semation, or it your appearat      | nce is part of other paid duties, do you un                                 | nderstand that:       |
| 1. Before you engage   | e in lobbying as a lobbyist, y     | you or your principal must file an  |                       |
| authorization with   | the City Clerk?                    | en e                                    | ☐ Yes ☐ No            |
| <ol><li>Your principal is r</li></ol>  | not normitted to authorize wa      | ou to lobby unless the principal is   |                       |
| registered with the  |                                    | od to looby unless the principal is   | ПYes ПNo              |
| _  | ·                                  | •   |                       |
|  |                                    | \$500 for lobbying services in any  | •                     |
|  | calendar quarter), the princip     | pal must file expense statements  | ☐ Yes ☐ No            |
| with the City Clerk  | 10. the remaining quarters of      | i mo omonour your.  |                       |
|  |                                    | Clerk at 266-4601 or go to the Clerk's Office at 1                          | Room 103 of the City- |
| County Building, Madison, for more inform                                    | allon.)                            | 11/1/2016   |                       |
| Date 69/01/2010  | Signature                          | nd ICM >  | -                     |
| Ţ V  | Print Name / WM                    | C'autoir Beur 1   |                       |

| Registration                        | Statement   | Community Service  |   |  |                     | <u> </u>      |
|-------------------------------------|---|--|---|--|---------------------|---------------|
|                                     | Character Control of the Control of | Name of Board, Committee   | or Commission                             |  | /                   |               |
| Name                                | 18m 8   | Alust  | Т   | Date 9//                                 | //ĝ                 |               |
| Address                             | 5 VOD OA  | 3328   |   | tem ———————————————————————————————————— |                     |               |
|                                     | MACHIAN   | W/   |   |  |                     |               |
| \^                                  |   |  |   | •  |                     |               |
| Supp                                | ort 🗌   | Oppose   |   | Wish to Speak                            |                     |               |
|                                     |   |  | / <u> </u>                                | Do Not Wish to                           |                     |               |
|                                     |   |  |   | Available to An                          | swer Questions      |               |
| At this meetir<br>(If you answered  | ng are you representi<br>"no," STOP; you need   | ng an organization or a pe<br>not complete the rest of this form               | rson other than<br>n. If you answered     | yourself:<br>"yes," go on to the next    | question.)          | s 🗌 No        |
| Name, addres                        | s and telephone num   | ber of each person or orga   | nization you ar                           | e representing:                          |                     |               |
|                                     |   |  |   |  |                     |               |
|                                     |   |  | ·   |  |                     |               |
|                                     |   |  |   |  |                     | ·             |
| Are you being                       | paid for your repres  | entation?  |   |  | Yes                 | ☐ No          |
| Ara way annoa                       | ring as want of com-  | -41  |   | <i>(</i> * . n.                          |                     | <u></u>       |
| (If you answered                    | ing as part of your of<br>"no" to both these quest,<br>yes," turn over to the ne  | other paid duties for this p<br>ions, STOP. You need not comp<br>at question.) | erson or organiz<br>lete the rest of this | form.                                    | Y Yes               | ∐ No          |
|                                     |   |  |   |  |                     |               |
| •                                   |   | •  | • •                                       | •  |                     |               |
|                                     |   |  |   |  |                     |               |
|                                     |   |  |   | •  |                     |               |
|                                     | ,   | Registration S   | tatement - Pag                            | ge 2                                     |                     |               |
| A                                   | alcated official val  | no is appearing solely or  | n behalf of w                             | our office or for v                      | our municipality    | or other      |
| governmenta                         |   | to is appearing solely of  | ii benan er ye                            | our crince or for y                      | Ye                  | s No          |
| (If you answered                    | d "yes" to the question,  | STOP. You need not complete the on to the next questions.)                     | e rest of this form                       | except that you must sign                | this form.          |               |
| • •                                 |   |  | orongo ia nort a                          | fother noid duties                       | do vou understand   | that          |
| If you are bei                      | ng paid for your rep  | resentation, or if your appe   | arance is part c                          | n omer paid dunes, e                     | do you understand   | uiai.         |
| 1.                                  | Before you engage   | ge in lobbying as a lobbyi   | st, you or your                           | principal must file                      | an                  |               |
| •                                   | authorization with  |  | , <b>,</b>                                |  | ☐ Yes               | □ No          |
|                                     |   |  |   |  |                     |               |
| 2.                                  | Your principal is registered with th  | not permitted to authorize e City Clerk?                                       | e you to lobby                            | unless the principal                     | Yes                 | ☐ No          |
| 3.                                  | If your principal   | spends or will owe more th   | han \$500 for lo                          | bbving services in a                     | nv ·                |               |
| 5.                                  | reporting period  | (calendar quarter), the pri  | incipal must fi                           | le expense statemer                      | nts                 |               |
|                                     | with the City Cler  | k for the remaining quarte   | rs of the calend                          | ar year?                                 | Yes Yes             | . 🔲 No        |
|                                     |   |  | a. a                                      | 1001 A. A. Claubia                       | Office at Pools 102 | <br>Atha City |
| (If you answered<br>County Building | "no" to any of the last t<br>Madison, for more infor  | three questions, please call the (<br>mation.)                                 | Juy Cierk ai 200-4                        | ool or go to the Clerk's                 |                     | y me cmy-     |
|                                     |   |  |   | Val X                                    |                     |               |
| Date                                |   | Signature  | ou.                                       | Duys                                     |                     |               |
| -                                   |   | Print Name/  | ohn S                                     | 1/5/5/2                                  |                     |               |

| Name Address \$\frac{17}{27} \lambda \frac{1}{24} \frac{1}{27} \rangle \frac{1}{24} \rangle \rangle | Registration Statement   | Name of Board, Committee or Comm  |   |                   |          |
|--|--|---|---|-------------------|----------|
| At this meeting are you representing an organization or a person other than yourself:  |  | Pd  | Date 9/1/10   |                   |          |
| 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, or on to the next questions.)  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?  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  | ☐ Support  | Oppose  | Do Not Wish to Speak  |                   |          |
| 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:  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  | At this meeting are you representing (If you answered "no," STOP; you need not               | an organization or a person othe<br>complete the rest of this form. If you ar | er than yourself:<br>nswered "yes," go on to the next questio |                   | □ 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.)  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:  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   | Name, address and telephone numbe  | r of each person or organization  | you are representing:   |                   |          |
| 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:  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   |  |   |   | ·                 |          |
| 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," 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:  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   | Are you being paid for your represen   | tation?   |   | Yes Yes           | ∑ No     |
| 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 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?  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   | (If you answered "no" to both these question   | s, STOP. You need not complete the re   | organization?<br>st of this form.                             | Yes               | □ No     |
| 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 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?  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   |  |   |   |                   |          |
| 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 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?  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   |  |   |   |                   |          |
| 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 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?  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  |  | Registration Statemen   | t - Page 2  |                   |          |
| <ol> <li>Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  ☐ Yes ☐ No</li> <li>Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ Yes ☐ No</li> <li>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</li> </ol>  | governmental body? (If you answered "yes" to the question, STO                               | P. You need not complete the rest of th                                       |   | ∐ Yes             | other No |
| 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   | If you are being paid for your represe   | entation, or if your appearance is  | s part of other paid duties, do you                           | understand tha    | at:      |
| registered with the City Clerk?  Yes No  1. 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  |  |   | or your principal must file an                                | ☐ Yes [           | □ No     |
| reporting period (calendar quarter), the principal must file expense statements  |  |   | lobby unless the principal is                                 | ☐ Yes [           | □No      |
| $\cdot$  | reporting period (ca   | lendar quarter), the principal n  | nust file expense statements                                  | ☐ 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.)  | (If you answered "no" to any of the last thre<br>County Building, Madison, for more informat | e questions, please call the City Clerk (ion.)                                | at 266-4601 or go to the Clerk's Office o                     | at Room 103 of th | ne City- |
| Date 9/1/0 Signature David Total Att   | Date_ 9/1/0  |   | Laborat Laboratoria   |                   |          |

| Registration  | Statement   | Community Services S |  |                      |
|---|---|--|--|----------------------|
| ,   |   | Name of Board, Committee or C  |  |                      |
| Name  | Kaul Terranova  |  | Date 9/2/10 Item Funding of L  |                      |
| Address   | 236 Spaight St  |  | _ Item Funding of L  | <u> </u>             |
| <del></del>   | Madison WI S3   | 7 103  |  |                      |
| Suppo   | ort 🔲   | Oppose   | Wish to Speak Do Not Wish to Sp Available to Answe                                     | eak<br>er Questions  |
|   |   | g an organization or a person of complete the rest of this form. If y  | other than yourself: ou answered "yes," go on to the next que                          | stion.) Yes No       |
| LCEC  | <u></u> .   | per of each person or organiza   | tion you are representing:   |                      |
|   | Samuer Rd   |  |  |                      |
| /VICACSE  | , WI 53717  |  |  | <u> </u>             |
| Are you being                                       | paid for your represe                                     | entation?  |  | Yes No               |
| (If you answered '                                  |   | ther paid duties for this perso<br>ons, STOP. You need not complete to<br>t question.)   |  | Yes No               |
|   | •   |  |  |                      |
|   | •   |  |  |                      |
|   |   |  |  |                      |
|   |   |  |  |                      |
|   |   |  |  |                      |
|   |   | Registration State   | ment - Page 2  | ,,                   |
| governmental<br>(If you answered<br>If you answered | body? "yes" to the question, S "no" to the question, go o | TOP. You need not complete the res<br>on to the next questions.)   | chalf of your office or for your   | Yes Yno              |
| If you are being                                    | ng paid for your repre                                    | esentation, or if your appearar  | nce is part of other paid duties, do   | you understand that: |
| 1.  | Before you engag<br>authorization with                    |  | ou or your principal must file an  | Yes No               |
| 2.  | Your principal is registered with the                     |  | u to lobby unless the principal is   | Yes No               |
| 3.  | reporting period (  | pends or will owe more than calendar quarter), the principal for the remaining quarters of   | \$500 for lobbying services in any pal must file expense statements the calendar year? | ☐Yes ☐ No            |
| (If you answered<br>County Building,                | "no" to any of the last th<br>Madison, for more inforn    | nation.)   | Clerk at 266-4601 or go to the Clerk's Off   |                      |
| Date 9/2  | 10  | Signature Q  | Tollanous  | •                    |
| •   |   | Print Name   | 10/10/00/15  |                      |

| Registratio  | n Statement  | Community Ser Name of Board, Comm  | vices Committee                                  |   |              |              |
|--|--|--|--|---|--------------|--------------|
|  | ; A  | Name of Board, Comm  |  | 0.1.10  |              |              |
| Name _   | Luthan   | Whalle (i  | <del></del>                                      | ate 9-1-10  |              |              |
| Address _  |  | Mittlin St<br>W1 63703   | Ite  | em Fuling allow                                       | - construct  | د <u>د د</u> |
| ·  | Madisn   | (C) 9 3 10 C   |  |   |              |              |
| Supp   | port   | Oppose   |  | Wish to Speak Do Not Wish to Spea Available to Answer |              |              |
| At this meeti<br>(If you answere                   | ing are you repre<br>d "no," STOP; you                     | esenting an organization or a<br>need not complete the rest of this                      | a person other than y<br>form. If you answered " | ourself:<br>yes," go on to the next questi            | Yes          | s 🗌 No       |
|  | WCA Mai  |  | organization you are                             | representing:   |              |              |
|  |  | ni.fflin St  |  | <u> </u>  |              |              |
| /  | Madism wi  | 53703  |  |   |              |              |
| Are you bein                                       | g paid for your i  | representation?  |  |   | Yes          | ☐ No         |
| (If you answered                                   |  | your other paid duties for the questions, STOP. You need not c the next question.)       |  |   | Yes Yes      | ☐ No         |
|  | • •  |  |  |   |              |              |
| ·  |  |  |  |   |              | •            |
|  |  |  |  |   |              |              |
| •  |  |  |  |   |              |              |
|  |  |  |  |   |              |              |
|  |  | Registration   | Statement - Page                                 | 2   |              |              |
| governmenta<br>(If you answered<br>If you answered | l body?<br>d "yes" to the question<br>"no" to the question | who is appearing solely on, STOP. You need not complete n, go on to the next questions.) | e the rest of this form exc                      | cept that you must sign this fo                       | rm. Yes      | <b>⊘</b> bNo |
| II you are bei                                     | ng paid for your   | representation, or it your ap  | pearance is part of o                            | buier paid duties, do you                             | unucisianu t | Hal.         |
| 1.   | •  | ngage in lobbying as a lobb with the City Clerk?   | pyist, you or your p                             | rincipal must file an                                 | ĭ≱Yes        | □No          |
| . 2.   |  | al is not permitted to author<br>h the City Clerk?                                       | rize you to lobby un                             | nless the principal is                                | Yes          | □No          |
| 3.   | reporting peri   | pal spends or will owe more od (calendar quarter), the Clerk for the remaining quar      | principal must file                              | expense statements                                    | ∑ Yes        | No           |
|  | "no" to any of the Madison, for more                       |  | •  | •   |              |              |
| Date 9-1-  | رت   | Signature Zec (  | inf Julla  | Duelk   |              | <u>:</u>     |
|  |  | Duint Nome   | ultra F /  | Duelle  |              |              |

| Registration S                      | Statement  | Name of Board, Committ  |                                       |                          |   |              |                |
|-------------------------------------|--|---|---------------------------------------|--------------------------|---|--------------|----------------|
| Name                                | GARY KALLING<br>953 VENIFE                                 |   | I                                     | Date                     | -1-10                                     |              |                |
| ☐ Suppo                             | rt 🔲   | Oppose  |                                       |                          | Speak<br>Wish to Speak<br>e to Answer Que | estions      |                |
|                                     |  | an organization or a p  |                                       |                          | the next question.)                       | Yes          | □ No           |
| Name, address                       | and telephone numbe  | er of each person or or   | ganization you ar                     | e representir            | ng:                                       |              |                |
|                                     |  |   |                                       |                          |   |              |                |
| Are you being                       | paid for your represer                                     | itation?  |                                       |                          |   | Yes          | ☐ No           |
| (If you answered "                  |  | ner paid duties for this s, STOP. You need not conquestion.)                |                                       |                          |   | Yes          | ☐ No           |
|                                     |  |   |                                       |                          | ÷   |              |                |
|                                     |  |   |                                       |                          |   |              |                |
|                                     |  | Registration  | n Statement - Pa                      | ge 2                     |   |              |                |
| governmental                        | 11 1 0   | o is appearing solely  FOP. You need not completed to the next questions.)  |                                       |                          |   | <del></del>  | or other<br>No |
|                                     |  | esentation, or if your a  | ppearance is part                     | of other paid            | l duties, do you u                        | inderstand   | that:          |
| 1.                                  | ·  | e in lobbying as a lob  |                                       | •                        |   | ☐ Yes        | □ No           |
| 2.                                  | Your principal is registered with the                      | not permitted to authority Clerk?   | orize you to lobb                     | y unless the             | principal is                              | Yes          | ∏ No           |
| 3.                                  | reporting period ( with the City Clerk                     | pends or will owe more<br>calendar quarter), the<br>c for the remaining qua | principal must<br>arters of the caler | me expense<br>idar year? | Statements                                | Yes          | □ No           |
| (If you answered<br>County Building | l "no" to any of the last th<br>, Madison, for more inforn | nree questions, please call<br>nation.)                                     | the City Clerk at 266                 | 5-4601 or go to          | the Clerk's Office at                     | t Room 103 o | f the City-    |
| Date                                |  | Signature   | GARIKA                                | 2075                     |   |              | ·              |
|                                     |  | Print Name `  | - , · ·                               |                          |   |              |                |

| CARLJEFFERSON                                   |  |
|---|--|
| LYSSIER COMMUNITY EDUCATION CENTER              |  |
|   |  |
| insupport of center                             |  |
| NOT in support of center prelim recommendations |  |
| NOT CHAPTON TO                                  |  |
|   |  |
|   |  |
|   |  |
|   | Bellemen en e |
|   |  |
|   |  |