

CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

7 (5)

Name TORIANA Pettaway
Address 840 Hughes Place
Madison WI 53713

Date 4/2/08
Item 09892

- Support
 Oppose
 Neither Support or 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:
Fair Housing of Greater Madison

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 a public 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 for
Common Council Organizational Committee

5

Name Nick Novak
Address 600 Williamson St.
Madison, WI 53723

Date 4/8/08
Item 09892

Support
 Oppose
 Neither *Support or 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:

Fair Housing Center of Greater Madison

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
(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 a public official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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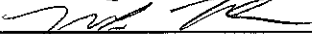
If you answered "no" to the question, go on to the next questions.)

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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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 4/18/08

Signature 

Print Name Nick Neust

CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

Name David Sparac
Address 16 N. Carroll
Madison WI

Date 4/8/08
Item 5

- Support
- Oppose
- Neither Support or 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:

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
(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

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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 _____