Registration Statement	Name of Board, Committee or Co	nmission			
· Name JEFF Bonore	7Å-V .	Date	0/12		
Address 845 Fox Run		Item			
OREGON, WI		•			
□ Support □	Oppose .	, Wish to Sp Do Not W Ayailable	oeak ish to Speak to Answer Que	stions	•
At this meeting are you represent (If you answered "no," STOP; you need	not complete the rest of this form. 47	517 Miles		∑ -Yes	∏No
Name, address and telephone num	nber of each person or organiza	tion you are representing	il	,	······································
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MADISON, WE 53	3713 255-15	49			
Are you being paid for your repre			.•	Yes Yes	XNo
t and most of violation	other naid duties for this perso	n or organization?	•	☐ Yes	
Are you appearing as part of your (If you answered "no" to both these ques. If you answered "yes," turn over to the n	tions, SIOP. Tou need not complete w	is test of majorim			٠
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	Registration State	ment-Page 2			
Are you an elected official w	ho is appearing solely on be	chalf of your office or	for your mu	nicipality ∢	or other No
governmental body? (If you answered "yes" to the question, If you answered "no" to the question, go	STOP. You need not complete the res	t of this form except that you m	ust sign this form.		
if you answered no to me question go	- •			n Aprestans At	hat:
If you are being paid for your rep	resentation, or if your appearan	nce is part of other paid d	uties, do you u	nueistanu i	1,441
Before you enga authorization with	ge in lobbying as a lobbyist,) th the City Clerk?	ou or your principal mu	ist file an	☐ Yes	□ No
registered with the		•	NA	. TYes	∏No
reporting period with the City Cle	spends or will owe more than (calendar quarter), the princi ork for the remaining quarters o	f the calendar year?	-NA	Yes	□No
(If you answered "no" to any of the last County Building, Madison, for more info	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, Maaison, Jor more inju	, mationly	·		<u>. </u>	
Date_ 1/1.0/17	Print Name OF B	WOREN	· .		

CITY OF MADISON Registration Statement Name of Board, Committee or Commission Date 7 110 112 Name trunanit agene Address Wish to Speak Oppose Support Do Not Wish to Speak Available to Answer Questions Yes No At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Jame, address and telephone number of each person or organization you are representing: Humanita of Dane Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.) Registration Statement - Page 2 Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.) If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk? Your principal is not permitted to authorize you to lobby unless the principal is Yes No 2. registered with the City Clerk? If your principal spends or will owe more than \$500 for lobbying services in any 3. reporting period (calendar quarter), the principal must file expense statements 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 S	tatement	Name of Board, Committee or	Commission		·
Name Address 6	ncela Gi nx Dale Ci ross Plain	im 5,WI 53528	Date Item	7-10-12 Habitat For	Humanity OF D
Suppor	t D.	Oppose	F D	Vish to Speak to Not Wish to Speak vailable to Answer C	Questions
(If you answered "	no," STOP; you need no	g an organization or a pers of complete the rest of this form. I	<i>yyourumon=</i>	Ü	n.) Yes No
Name, address Habi tat FO Ba	En HUMan	Jane Hay	zation you are rep	resenting:	
	paid for your represe	•		•	Yes No
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•		Registration Sta	· · · · · · · · · · · · · · · · · · ·		
governmental (If you answered If you answered "	body? "yes" to the question, Si no" to the question, go o	o is appearing solely on TOP. You need not complete the into the next questions.)	rest of this form excep	t that you must sign this fo	rm.
If you are bein	g paid for your repre	sentation, or if your appea	rance is part of oti	ier paid duties, do yo	u understand that:
1.	Before you engage authorization with	in lobbying as a lobbyist	, you or your prin	ncipal must file an	Yes No
2.	Your principal is registered with the	not permitted to authorize City Clerk?	you to lobby unle	ess the principal is	Yes No
3.	reporting period (with the City Clerk	pends or will owe more the calendar quarter), the prin c for the remaining quarter	s of the calendar y	ear?	Yes No
(If you answered County Building, 1	"no" to any of the last th Madison, for more inforn	ree questions, please call the Ci	iy Clerk at 266-4601	or go to the Clerk's Office	at Room 103 of the City-
Date	2-10-12	SignaturePrint Name	Insela Gr	in	

CITY OF MADISON Registration Statement Name of Board, Committee or Commission Date Name Address Wish to Speak Oppose Support Do Not Wish to Speak Available to Answer Questions ▼Yes □ No At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question, Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.) Registration Statement - Page 2 Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions,) If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk? Your principal is not permitted to authorize you to lobby unless the principal is 2. registered with the City Clerk? If your principal spends or will owe more than \$500 for lobbying services in any 3. reporting period (calendar quarter), the principal must file expense statements 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 Name of Board, Committee or Commission	
Name Andrew Miller Address Hos Rogers St Madison WI 53703	Date 7-10-2012 Item
Support Oppose	, Wish to Speak Do Not Wish to Speak Available to Answer Questions
At this meeting are you representing an organization or a person other flat (If you answered "no," STOP; you need not complete the rest of this form. If you answered	,
Name, address and telephone number of each person or organization you Madison Area Community Land Trust 1501 Williamson St. Madison, with 587	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 organism answered "no" to both these questions, STOP. You need not complete the rest of the superior of the sext question.)	anization? X Yes No his form.
Registration Statement - P	·
Are you an elected official who is appearing solely on behalf of governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this for If you answered "no" to the question, go on to the next questions.)	m except that you must sign this form.
If you are being paid for your representation, or if your appearance is par	
 Before you engage in lobbying as a lobbyist, you or you authorization with the City Clerk? 	our principal must file an Yes No
Your principal is not permitted to authorize you to lob registered with the City Clerk?	<i>—</i> —
3. If your principal spends or will owe more than \$500 for reporting period (calendar quarter), the principal must with the City Clerk for the remaining quarters of the cale	endar year? Yes No
(If you answered "no" to any of the last three questions, please call the City Clerk at 26 County Building, Madison, for more information.)	6-460I or go to the Clerk's Office at Room 103 of the City-
Date 7/10/2012 Signature Avarous	> Miller

Registration S	tatement	ame of Board, Committee or C	'ammission	<u>`</u>	
	.N	ame of Hoard, Committee or C		7. 1	7 ~
· Name	toward lite	VDEVILLE	Date	7-10-201	in) cacesa
Address	MUVIN' out	67707		scramer fund	7/100227
	600 Williamson	<u>, 3 370 3</u>		ii da	•
Suppor	t [] 0	ppose	T Do	ish to Speak o Not Wish to Speak vallable to Answer Que	stions
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Are you being	paid for your representa	ation?	•		☐ Yes ☐ N
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		Registration Stat	-		
Are you an	elected official who is	s appearing solely on	behalf of your o	ffice or for your mur	icipality or othe ☐ Yes ☐ N
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3.	reporting period (cal with the City Clerk for	ids or will owe more that endar quarter), the princ or the remaining quarters	of the calendar ye	ar?	Yes N
(If you answered County Building, I	"no" to any of the last three Madison, for more informati	questions, please call the City on.)	•	•	Room 103 of the City
	0-2012	Signature / Jun	raid Arava	with	•
		Print Name (+1)	AND WANDER	1116	

CITY OF MADISON Registration Statement Name of Board, Committee or Commission Date Name Item Address , Wish to Speak Oppose N Support Do Not Wish to Speak Available to Answer Questions ∑ Yes No At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.) Registration Statement - Page 2 Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.) If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. ☐ Yes authorization with the City Clerk? Your principal is not permitted to authorize you to lobby unless the principal is 2. Yes Yes ∏ No registered with the City Clerk? If your principal spends or will owe more than \$500 for lobbying services in any 3. reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? (If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Signature Print Name

Registration S	fatement	Name of Board, Committee or Con	nmission			
Name Address 121	y Perkins	154, Sint 6420 3703*	Date Item	7-10-2012		
Suppor	t Dyplical	Oppose		Wish to Speak Do Not Wish to Speak Available to Auswer Que	stions	
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The Wisc	and telephone number	r of each person or organizate when the second control of the seco	ion you are r	epresenting:	lve	
Mariso	- 001 SS 703	<u> </u>				
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Madie	peland St son, WI SST	7)			٠	
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Are you an e	lected official who	is appearing solely on be	half of you	r office or for your mun	nicipality o	r other No
governmental l	oody? 'yes" to the question, STC 10" to the question, go on	OP. You need not complete the rest	of this form exc	ept that you must sign this form.		
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Date 7.04	2	Signature WW Print Name Willi	ein C.	Porteins"		
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