Date: 2-21-10
---------------

### **CITY OF MADISON**

Please Print	PLEASE PRINT CLEARLY
Agenda No. (Mo 6 )	Name Ames STOPPLE Address 1202 Regent STREET
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an organization (If you answered "no," STOP; you need not compose of who you represent and go on to the next question.  Name, address and telephone number of each personal statement of each personal statement.	plete the rest of this form. If you answered "yes," provide the nam on.)
Are you being paid for your representation?	☐ Yes ☑ No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not comparestion.)	s for this person or organization?  Yes A No plete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Common Common Common Hearing Common Com	3 minutes

		elected official of mental body?	r employee who is appeari	ng solely on beha	ulf of your office or for your municipality or Yes X No
			e question, <b>STOP.</b> You need on the contract of the question, go on t		e rest of this form, except that you must sign m.)
If you that:	ı are b	eing paid for yo	ur representation, or if you	ır appearance is	part of other paid duties, please be advised
	1.	Before you en with the City		oyist, you or you	r principal must file an authorization
	2.	Your principa City Clerk.	al is not permitted to author	orize you to lobb	y unless you are registered with the
	3.	period (half			or lobbying services in any reporting ements with the City Clerk for the
Room	ı 103 oj	f the City-County	Building, Madison, for mo		<u>'index.html</u> or go to the Clerk's Office at
Date	_2 -	25-10	Signature		
			Print Name	JAMES	STOPPLE
		· · ·			
	•				

Date: 2/25/2010

# **CITY OF MADISON**

Please Print		PLEASE	E PRINT	CLEARLY		
Agenda No. 16	662	Name Address	16 N	olin Ing 19 Mele Vachboon	nna WI	Blud 5371)
Please check the appr	ropriate boxes:					
Support Oppose Neither Su	ipport Nor Oppose		and	Wish to spea Do not wish Available to	to speak	stions
(If you answered "no of who you represent	ou representing an organization, "STOP; you need not compand go on to the next question lephone number of each person	plete the re on.)	st of th	is form. If you answ	•	No Provide the name
1.0.0.0						
Are you being paid for	or your representation?				Yes	ĬŽ4º
Are you appearing as (If you answered "no question.)	part of your other paid dutien," STOP; you need not com	es for this p plete the re	erson o est of th	or organization? nis form. If you answ	☐ Yes vered "yes,	No go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing					

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or

Yes

,		ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you that:	are be	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
	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 you are registered with the City Clerk.
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
		to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	68	$\sqrt{25/2010}$ Signature $\sqrt{25/2010}$

Print Name

other governmental body?

Date: 2/25/10

# **CITY OF MADISON**

Please Print		PLEASE PF	RINT CLEARLY		
Agenda No(_(	6662	NameAddress	Mary T 662 mis	Jevin Idota (	
Please check the ap	propriate boxes:				
Support Oppose Neither S	Support Nor Oppose	an	Do not w	speak rish to speak e to answer ques	stions
(If you answered "r of who you represer	you representing an organiza no," STOP; you need not connt and go on to the next quest telephone number of each per	nplete the rest of ion.)	f this form. If you as	nswered "yes,"	☐ No provide the name
Are you being paid	for your representation?			☐ Yes	ZINO
Are you appearing a (If you answered "n question.)	as part of your other paid duti- no," STOP; you need not con	es for this person uplete the rest of	a or organization? this form. If you a.	☐ Yes nswered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing				

		elected official or emp mental body?	loyee who is appearing solely on behalf of your office or for your municipality or Yes No
			tion, <b>STOP.</b> You need not complete the rest of this form, except that you must sign the question, go on to the next question.)
If you that:	are be	eing paid for your rep	resentation, or if your appearance is part of other paid duties, please be advised
	1.	Before you engage with the City Clerk	in lobbying as a lobbyist, you or your principal must file an authorization
	2.	Your principal is n City Clerk.	ot permitted to authorize you to lobby unless you are registered with the
	3.		ends or will owe more than \$1,000 for lobbying services in any reporting the principal must file expense statements with the City Clerk for the lendar year?
			vebsite <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ling, Madison, for more information.)
Date		• .	Signature
·			Print Name

Date: <u>0/0</u>\$ //0

# **CITY OF MADISON**

Please Print			
Agenda No		Name Dan Sool Address Cooy willow Son Prairie,	Wy Sout TH.
Please check the app	ropriate boxes:		
	upport Nor Oppose	and Wish to sp  Do not wis  Available to	th to speak to answer questions
(If you answered "no of who you represent	o," STOP; you need not com, and go on to the next question	plete the rest of this form. If you an	swered "yes," provide the name
	proprione number of each pers	son of organization you are represen	iting:
Are you being paid for	or your representation?		Yes No
Are you appearing as (If you answered "no question.)	part of your other paid dutie o," STOP; you need not com	es for this person or organization?  plete the rest of this form. If you an	Yes No No Swered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing		

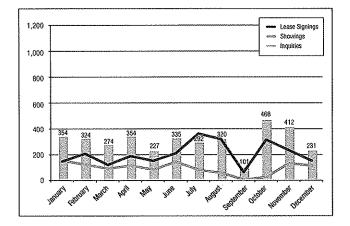
		ected official or emplo ental body?	yee who is appearing solely on be	half of your office or for your municipality or Yes No
(If you this for	answer m. If yo	red "yes" to the questi ou answered "no" to th	on, <b>STOP.</b> You need not complete ne question, go on to the next ques	the rest of this form, except that you must sign tion.)
If you that:	are bei	ng paid for your repre	sentation, or if your appearance	s part of other paid duties, please be advised
	1.	Before you engage in with the City Clerk.	ı lobbying as a lobbyist, you or yo	our principal must file an authorization
	2.	Your principal is not City Clerk.	permitted to authorize you to lol	oby unless you are registered with the
	3.		ne principal must file expense st	for lobbying services in any reporting atements with the City Clerk for the
			bsite <u>www.cityofmadison.com/clei</u> ng, Madison, for more information  Signature	<u>k/index.html</u> or go to the Clerk's Office at )
			Print Name	
			1 THE VALUE	

# Downtown Madison Rental Market Data 2009: Traffic, Showing, Leasing

Prepared by Steve Brown Apartments for The Common Council of the City of Madison and the Landlord and Tenant Issues Subcommittee

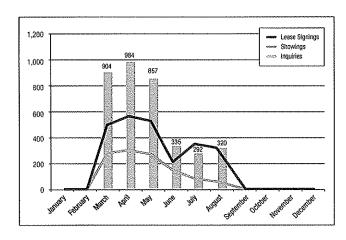
2009 (ACTUAL) TRAFFIC AND LEASING ACTIVITY

Data Includes 1,100 Apartments in Mansion Hill, University Heights and the Central Campus Area Offered by Steve Brown Apartments



# PROJECTED TRAFFIC AND LEASING ACTIVITY UNDER THE PROPOSED ORDINANCE

Extrapolated Data for the Same 1,100 Apartments



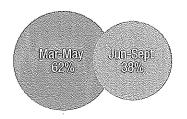
#### 2009 APARTMENT LEASE ACTIVITY, BY SEASON

Data Includes 1,100 Apartments in Mansion Hill, University Heights and the Central Campus Area Offered by Steve Brown Apartments



#### **PROJECTED APARTMENT LEASE ACTIVITY, BY SEASON**

Extrapolated Data for the Same 1,100 Apartments



#### 2009 WAITING LIST DATA

Steve Brown Apartments had an unsolicited waiting list of 206 prospects as of November 1, 2009.

#### THE PROPOSED ORDINANCE CAUSES THE FOLLOWING NEGATIVE EFFECTS FOR RENTERS:

- 11 weeks, or 64 days, would become the available leasing season for the 29,000+ UW-Madison Undergraduates who typically leave Madison in mid-May.
- An 11-week shopping period will create a higher sense of urgency to find an apartment than currently exists.
- The 11-week shopping period will disrupt the current residents, as their apartment will be shown to large groups of prospects, multiple times a day.
- The 11-week leasing season will be too condensed to allow for one-on-one lease signings with each resident.
- The 11-week shopping period will make it hard to get appointments for showings. This will lead to the dangerous practice of students knocking
  on doors of apartments they're interested in and asking the current residents if they can see inside.
- An 11-week shopping period will create an urgency that will lead to more leases being signed for apartments that are sight unseen.
- · A shortened leasing season will to lead to unsafe, financially unsecured, "black market" deals between renters.
- The urgency created by a shortened leasing season has high potential to create wait lists with bidding wars, or auction-style leasing.
- A shortened leasing season will lead to apartments being rented out from under the current residents. Current residents have never been
  guaranteed the option to renew, it's a courtesy extended by most owners. Without adequate time for a controlled renewal process, owners
  will no longer be able to extend that courtesy.

Date:	2	12	5	110	
				7	

# **CITY OF MADISON**

Please Print		PLEASE F	PRINT CLE	ARLY		
Agenda No.	2	NameAddress	Sarah 316 k Deerfie	Hart Cleine Si Idy M	Heet 53831	·
Please check the appr	ropriate boxes:			,		
Support Oppose Neither Su	pport Nor Oppose		and X	Wish to spea Do not wish Available to	k to speak answer ques	stions
(If you answered "no	ou representing an organizatio," STOP; you need not compland go on to the next question	lete the rest	n other than of this form	n yourself: 1. <i>If you answ</i>	Yes yered "yes,"	No provide the name
Name, address and te	lephone number of each perso	n or organiz	ation you a	are representi	ng:	
			· · · · · · · · · · · · · · · · · · ·			
Are you being paid for	or your representation?				Yes	□ No
Are you appearing as (If you answered "no question.)	part of your other paid duties," STOP; you need not compl	for this pers lete the rest	on or orgar of this form	nization? 1. If you answ	☐ Yes vered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Common C Information Hearing	3				

		ected official or emplonental body?	yee who is appearing solely on	behalf of your office or for your municipality or Yes No
(If yoı this fo	ı answe rm. If y	red "yes" to the questic ou answered "no" to th	on, <b>STOP.</b> You need not comple e question, go on to the next qu	ete the rest of this form, except that you must sign uestion.)
If you that:	are be	ing paid for your repre	sentation, or if your appearance	ce is part of other paid duties, please be advised
	1.	Before you engage in with the City Clerk.	lobbying as a lobbyist, you or	your principal must file an authorization
	2.	Your principal is not City Clerk.	permitted to authorize you to	lobby unless you are registered with the
	3.	If your principal sper period (half year), the remainder of the cale	ne principal must file expense	00 for lobbying services in any reporting statements with the City Clerk for the
Room	: 103 of	the City-County Buildir	g, Madison, for more informat  Signature	<u>clerk/index.html</u> or go to the Clerk's Office at ion.)
Date			Print Name	
			1 mit Ivanic	
			. 그 그 이 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	

CITY OF MADISON
Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE  COMMITTEE
Please Print PLEASE PRINT CLEARLY
Agenda No. 1662  Name PATRICLE MCCAVGNBY  Address 914 West Shore Drive  MOGGN, LUI 53715
Please check the appropriate boxes:
Support Oppose Neither Support Nor Oppose 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," provide the name of who you represent and 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? 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

Date: \_\_\_\_\_

question.)

Speaking Limits:

other	you an elected official or emp governmental body?	loyee who is appearing solely on be	half of your office or for your municipality or Yes No
		tion, <b>STOP.</b> You need not complete the question, go on to the next quest	the rest of this form, except that you must sign ion.)
If yo that:		resentation, or if your appearance i	s part of other paid duties, please be advised
	Before you engage with the City Clerk		our principal must file an authorization
	2. Your principal is n City Clerk.	ot permitted to authorize you to lob	by unless you are registered with the
·		the principal must file expense st	for lobbying services in any reporting atements with the City Clerk for the
	-	vebsite <u>www.cityofmadison.com/cler</u> ling, Madison, for more information	<u>rk/index.html</u> or go to the Clerk's Office at )
Date		Signature	
		사람이 사람이 얼마나 사람들이 하다면 하는 것이 되었다. 그렇게 하는 것이 되었다. 그는 그 모든 그리고 있다.	
		Print Name	

Date: 2 21/10

# CITY OF MADISON

Please Print	PLE.	ASE PRINT	CLEARLY	•	
Agenda No	Nam Add	ress <u>50</u>	m Polstein Z N France dison, WI		#1010
Please check the appropriate be Support Oppose Neither Support		and	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to</li><li>☐ Available to a</li></ul>	t o speak	tions
At this meeting are you represe (If you answered "no," STOP; of who you represent and go of Name, address and telephone n	you need not complete the n to the next question.)	rest of this	s form. If you answe	ered "yes,"	∏/No provide the name
Are you being paid for your rep	presentation?			☐ Yes	TALNO
Are you appearing as part of yo (If you answered "no," STOP; question.)	our other paid duties for thi			Yes	□ No go on to the next
	Hearing (Common Council tion Hearing			·	

		lected official or mental body?	employee	who is appearing	ig solely on beh	alf of your offi	ce or for your mun	
				STOP. You need uestion, go on to			orm, except that you	ı must sign
If you that:	ı are be	ing paid for you	ır represen	atation, or if you	r appearance is	part of other I	paid duties, please	be advised
	1.	Before you er with the City		bbying as a lobb	yist, you or you	r principal mus	st file an authorizati	ion
	2.	Your principa City Clerk.	ıl is not pe	rmitted to autho	rize you to lobb	oy unless you a	are registered with (	the
	3.		year), the	principal must f			vices in any reporti he City Clerk for t	
				e <u>www.cityofma</u> Madison, for mo Signature		<u>/index.html</u> or	go to the Clerk's	Office at
		•		Print Name				

Date: 07/25/10

# **CITY OF MADISON**

Please Print	NA-reposition to the support of the	PLEASE PRINT CLEARLY		
Agenda No	2	Name Frehecca 1 Address 22 Lange	1) finderson	
Please check the ap	propriate boxes:			
Support Oppose Neither S	Support Nor Oppose	and Wish to s  Do not wi  Available	peak ish to speak to answer questions	
(If you answered "n of who you represer	to," STOP; you need not com t and go on to the next questi	tion or a person other than yourself in the plete the rest of this form. If you are ion.)	nswered "yes," provide the na	:me
Are you being paid	for your representation?		☐ Yes ☐ No	
		es for this person or organization?  applete the rest of this form. If you a	☐ Yes ☐ No nswered "yes," go on to the n	ext
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 minutes		

		elected official or empl mental body?	loyee v	who is appearing solely on behalf of your office or for your municipality or Yes \sum \text{No}	C
				<b>STOP.</b> You need not complete the rest of this form, except that you must sign uestion, go on to the next question.)	ı
If you that:	u are be	eing paid for your rep	oresent	tation, or if your appearance is part of other paid duties, please be advised	į
	1.	Before you engage with the City Clerk.		obying as a lobbyist, you or your principal must file an authorization	
	2.	Your principal is no City Clerk.	iot pen	rmitted to authorize you to lobby unless you are registered with the	
	3.		the pr	or will owe more than \$1,000 for lobbying services in any reporting principal must file expense statements with the City Clerk for the r year?	
			ling, M	e <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Madison, for more information.)  Signature	ě.
		: .		Print Name	

Date:	_/	25	4	10
-------	----	----	---	----

# **CITY OF MADISON**

Please Print		PLEASE PRINT CLEARLY		
		Name <u>Alexandra Pe</u> Address <u>505 N. Fra</u>	ervaud	
Agenda No	2	Address 505 Nr. Fra	nces 1009-1	
-		madison	[4][	
Please check the app	propriate boxes:	,	53703	
Support Oppose Neither S	upport Nor Oppose	and Wish to spec	ak a to speak o answer questions	
(If you answered "no of who you represen	o," <b>STOP;</b> you need not com t and go on to the next questi	tion or a person other than yourself: uplete the rest of this form. If you answion.)  rson or organization you are represent	•	ame
		,		
Are you being paid	for your representation?		Yes No	
Are you appearing a (If you answered "n question.)	s part of your other paid duti o," STOP; you need not con	ies for this person or organization?  nplete the rest of this form. If you ans	Yes No wered "yes," go on to the	nex
Speaking Limits:	Public Hearing (Commor Information Hearing Other Items	3 minutes		

		ected official or employee who is appearing solely on behalf of your office or for your municipal nental body?	lity or
		red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you mu ou answered "no" to the question, go on to the next question.)	st sign
If you as that:	re bein	ng paid for your representation, or if your appearance is part of other paid duties, please be a	dvised
1	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	
2	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
3		If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?	
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Off he City-County Building, Madison, for more information.)	îce at
Date	1251	110 Signature Acq	
		Print Name <u>Alexandra Perraud</u>	

Date: <u>2/35/10</u>

# **CITY OF MADISON**

Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Mully Jensen  Address 702 N High Pout Rd  Midison, WI
Please check the appropriate boxes:	,
Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an organizatio (If you answered "no," STOP; you need not complete of who you represent and go on to the next question	lete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each person	on or organization you are representing:
702 North Night Pour	Rd
Are you being paid for your representation?	☐ Yes ☐ Ño
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not complete question.)	for this person or organization? Yes No lete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Control Information Hearing	

		ected official or emplo ental body?	yee who is appearing	ng solely on behalf of yo	our office or for your municipality or Yes \to No
(If you this for	answer m. If yo	red "yes" to the questi ou answered "no" to the	on, <b>STOP.</b> You need he question, go on to	d not complete the rest o the next question.)	f this form, except that you must sign
If you that:	are bei	ng paid for your repre	esentation, or if you	ir appearance is part of	other paid duties, please be advised
	1.	Before you engage in with the City Clerk.	ı lobbying as a lobb	yist, you or your princip	oal must file an authorization
	2.	Your principal is not City Clerk.	t permitted to autho	rize you to lobby unless	s you are registered with the
	3.		he principal must f		ing services in any reporting with the City Clerk for the
		the City Clerk's we he City-County Buildin			tml or go to the Clerk's Office at
Date _	a	1/25/10	Signature	Maney Gr	
			Print Name	Joaneij V	<u> l'ensen</u>

Date: 2-25-10

# **CITY OF MADISON**

Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Adam Johnson Address 304 Princeton Ave.
Please check the appropriate boxes:	
<ul><li>Support</li><li>□ Oppose</li><li>□ Neither Support Nor Oppose</li></ul>	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an organizate (If you answered "no," STOP; you need not come of who you represent and go on to the next question.	uplete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each per	
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid duti- (If you answered "no," STOP; you need not com- question.)	es for this person or organization? Yes No nplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Information Hearing	

_		nental body?	employee who is appearing solely on behalf of	Yes No
			nuestion, <b>STOP.</b> You need not complete the real to the question, go on to the next question.)	est of this form, except that you must sign
If you that:	ı are be	ing paid for you	representation, or if your appearance is par	t of other paid duties, please be advised
	1.	Before you engwith the City C	age in lobbying as a lobbyist, you or your pr lerk.	incipal must file an authorization
	2.	Your principal City Clerk.	is not permitted to authorize you to lobby u	nless you are registered with the
	3.	period (half ye	I spends or will owe more than \$1,000 for loar), the principal must file expense statemer calendar year?	
			's website <u>www.cityofmadison.com/clerk/inc</u> uilding, Madison, for more information.)	ex.html or go to the Clerk's Office at
			1	
Date	2-2	29-10	Signature TTA 2	
			Print Name Adam Jo	hnsen
		·		
			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
				그러는 그는 하는 그리는 일반 사람들이 얼마를 하는 것은 사람들이 가장 함께 하는 사람들이 가득하는 것이다.

Date:	21	25	110	>

# CITY OF MADISON

Please Print		PLEASE	PRINT CLEARLY		
Agenda No. 166	62	Name Address	Nick Desica 615 W. Johns Madron WI	son	
Please check the appr	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose			speak wish to speak le to answer ques	stions
(If you answered "no, of who you represent	ou representing an organization of the second of the next question of th	lete the res n.)	t of this form. If you	answered "yes,"	No provide the name
Name, address and te	lephone number of each perso	on or organ	nzation you are repre	senting:	
Are you being paid fo	r your representation?			Yes	jXN∘
	part of your other paid duties "STOP; you need not comp				No go on to the next
Speaking Limits:	Public Hearing (Common Conference of the Items		.3 minutes		

Are you an ele	ected official or employ	vee who is appeari	ing solely (	on behalf of your offi	ce or for you	ις municipality or
other governm					☐ Yes	<b>X</b> W
	red "yes" to the questic ou answered "no" to th				orm, except th	hat you must sign
If you are being that:	ng paid for your repres	sentation, or if yo	ur appeara	nce is part of other p	oaid duties, p	olease be advised
1.	Before you engage in with the City Clerk.	lobbying as a lob	byist, you	or your principal mus	it file an auth	iorization
2.	Your principal is not City Clerk.	permitted to auth	orize you t	o lobby unless you a	re registered	with the
3.	If your principal spen period (half year), th remainder of the caler	e principal must				
	the City Clerk's web he City-County Buildin				go to the C	Clerk's Office at
Date 2/29	5/10	Signature	Mike	Disnen		
		Print Name	Nick	Dessen		

	Date:
	CITY OF MADISON
Registration Statement -	LANDLORD & TENANT ISSUES SUBCOMMITTEE  COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No	Name Rachel Govin  Address 609 Whalen Road  Verona W 53593
Please check the appropriate boxes:	
(If you answered "no," STOP; you need not of who you represent and go on to the next q	anization or a person other than yourself: Yes No t complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	Yes No  duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the nex

Speaking Limits:

	(LOIOTIATION OTA) EMERGIA TAGE 2							
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?								
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)							
If you are beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised							
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 you are registered with the City Clerk.							
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?							
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)							
Date 2 2	5/10 Signature Paule H. M.							
	Print Name Pachel Govin							

	CITY OF MADISON
Registration Statement -	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name XARI TOPPIE  Address 1202 Kegent  Madison W/537/
Please check the appropriate boxes:	
Support Oppose # Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an org (If you answered "no," STOP; you need n of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of ea	ch person or organization you are representing:
·	
Are you being paid for your representation	? Yes No
Are you appearing as part of your other pair (If you answered "no," STOP; you need n question.)	d duties for this person or organization?  Yes No ot complete the rest of this form. If you answered "yes," go on to the next

Date:

Speaking Limits:

		ected official or employe ental body?	e who is appearing	solely on behalf of	f your office or for y	our municipality or
		ed "yes" to the question u answered "no" to the			st of this form, excep	t that you must sign
If you as that:	re beir	ng paid for your represe	entation, or if your	appearance is part	of other paid duties	, please be advised
1	l.	Before you engage in lewith the City Clerk.	obbying as a lobby	ist, you or your prir	icipal must file an ai	uthorization
2	2.	Your principal is not p City Clerk.	ermitted to author	ize you to lobby un	less you are register	ed with the
3	3.	If your principal spend period (half year), the remainder of the calend	principal must fi			
Room 10		the City Clerk's webs ne City-County Building,			<u>x.html</u> or go to the	Clerk's Office at
Date	<u> </u>	25/10	Signature Print Name	Xans Xans	510 PP	)LE

Date:  $\frac{2/25/10}{}$ 

### **CITY OF MADISON**

Please Print		PLEASE PRIN	T CLEARLY	·	
Agenda No. <u>                                     </u>	662	Address &	H Resoir	11 #	1401
Please check the appr	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose	and	☐ Wish to spea ☐ Do not wish ☐ Available to	to speak	tions
(If you answered "no	ou representing an organizati," STOP; you need not compand go on to the next question	olete the rest of th			☑ No provide the name
Name, address and te	lephone number of each pers	on or organization	n you are representi	ng:	
Are you being paid fo	or your representation?			Yes	□ No
	part of your other paid dutie," STOP; you need not com			☐ Yes vered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing	3 mir	nutes		

		ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
	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 you are registered with the City Clerk.
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date .	***************************************	Signature
		Print Name

Date: 2/25/10

### **CITY OF MADISON**

Please Print		PLEASE	E PRINT	Γ CLEARLY		
Agenda No.		Name Address		sim Sho 21 Les Ce radiss	allo hom	53703
Please check the appro	opriate boxes:					
Support Oppose Neither Su	pport Nor Oppose		and	☐ Wish to specific Do not wis☐ Available t		tions
(If you answered "no,	n representing an organ "STOP; you need not and go on to the next qu	complete the re	son oth st of the	er than yourself: is form. If you and	☐ Yes swered "yes,"	☐ No provide the name
Name, address and tel-	ephone number of each	n person or orga	nizatior	n you are represen	nting:	
Are you being paid for	r your representation?				☐ Yes	□ No
Are you appearing as j (If you answered "no, question.)	part of your other paid "STOP; you need not	duties for this p complete the re	erson o est of th	er organization? Lis form. If you an	☐ Yes swered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing.	,				

-	elected official or enmental body?	employee who is appearing	solely on behalf of your office or for your municipality o	r			
		question, <b>STOP.</b> You need to 'to the question, go on to t	not complete the rest of this form, except that you must sig the next question.)	n			
If you are be that:	peing paid for your	representation, or if your	appearance is part of other paid duties, please be advise	đ			
1.		Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.					
2.	Your principal City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
3.	period (half ye	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?					
		's website <u>www.cityofmad</u> uilding, Madison, for more	i <u>son.com/clerk/index.html</u> or go to the Clerk's Office a information.)	t			
Date	, ,	Signature					
		Print Name					

Date: 2-25-16

# **CITY OF MADISON**

Registration Statement -		LANDLORD & TENANT ISSUES SUBCOMMITTEE		
		COMMITTEE		
Please Print	5.	PLEASE PRINT CLEARLY		
Agenda No	2	Name Alyssa Hellenbrand Address 504Bridlenbood lu Watertown, W		
Please check the app	ropriate boxes:			
Support Oppose Neither St	apport Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions		
(If you answered "no		rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question.)		
Name, address and to	elephone number of ea	each person or organization you are representing:		
Whendan and a second a second and a second and a second and a second and a second a				
Are you being paid for your representation?				
		aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next		
Speaking Limits:	Information Hearin	ommon Council) 5 minutes ng 3 minutes 3 minutes		

	elected official or mental body?	employee who is appearing	ng solely on behalf of your office or for your municipality or Yes No			
		question, <b>STOP.</b> You need " to the question, go on to	l not complete the rest of this form, except that you must sign the next question.)			
If you are that:	being paid for your	representation, or if you	er appearance is part of other paid duties, please be advised			
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 you are registered with the City Clerk.					
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?					
		e's website <u>www.cityofmo</u> Building, Madison, for mo	dison.com/clerk/index.html or go to the Clerk's Office at re information.)			
Date	• .	Signature				
	-	Print Name				