Date: 4/4///

CITY OF MADISON

| Registration Statement | HOUSING COMMITTEE |
|---|--|
| | COMMITTEE |
| Please Print | PLEASE PRINT CLEARLY |
| Agenda No7 | Name Nany Jensen Address 702 N. High Point Re Madison 485 |
| Please check the appropriate boxes: | TOWN TO WILL AND A STATE OF THE |
| Support Oppose Neither Support Nor Oppose | and Wish to speak Do not wish to speak Available to answer questions |
| | nization or a person other than yourself: Yes \ \ No \ complete the rest of this form. If you answered "yes," provide the name uestion.) |
| Name, address and telephone number of each ADautuw Association of | n person or organization you are representing: |
| 702 North High Point Ro | 1. #203 |
| Madison, wit | |
| Are you being paid for your representation? | ☐ Yes ☐ No |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.) | duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next |
| Information Hearing. | mon Council)5 minutes3 minutes |

REGISTRATION STATEMENT - PAGE 2

| | | ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes Your Manager of the control of the |
|-----------------|--------|--|
| | | red "yes" to the question, STOP. 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 be | 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 | 4/ | le/// Signature Muly Jense |
| _ | | Print Name Nancy Jensen |

Date: 4/6/2011

CITY OF MADISON

| Registration Statemer | it - HOUSING COMMITTEE |
|--|---|
| | COMMITTEE |
| Please Print | |
| | PLEASE PRINT CLEARLY |
| 7 | Name POTPICIC MCAUGHTV Address 646 W WASTON 640~ AUE MADISON, WI 53703 |
| Agenda No | Address 646 W WASAIN 640 AUG |
| | MADISON, W1 53703 |
| Please check the appropriate boxes: | |
| Support Oppose | and Wish to speak Do not wish to speak |
| Neither Support Nor Op | pose Available to answer questions |
| At this meeting are you representing an (If you answered "no," STOP; you nee of who you represent and go on to the n | organization or a person other than yourself: Yes No do not complete the rest of this form. If you answered "yes," provide the name text question.) |
| Name, address and telephone number o | f each person or organization you are representing: |
| | Insditute of Please Estate MANGGENAT) Chapt 87 |
| 646 W. WA | Insditute of Please Estate Marksonat) Chapt 87 |
| Malson | m 53703 5/6-9497 |
| Are you being paid for your representat | |
| Are you appearing as part of your other (If you answered "no," STOP; you nee question.) | paid duties for this person or organization? Yes No d not complete the rest of this form. If you answered "yes," go on to the next |
| Information Hea | Common Council) 5 minutes ring |

REGISTRATION STATEMENT - PAGE 2

| Are you an ele other governm | ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No |
|------------------------------|--|
| | ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.) |
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| , – | 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: 4/6/11

CITY OF MADISON

| Registration Statement - | HOUSING $COMMITTEE$ |
|--|---|
| | COMMITTEE |
| Please Print | |
| | PLEASE PRINT, CLEARLY |
| | Name Rachel Govin |
| Agenda No | |
| | |
| | Verong W1 53593 |
| Please check the appropriate boxes: | |
| riease check the appropriate boxes. | |
| Support | and Wish to speak |
| Oppose | Do not wish to speak Available to answer questions |
| Neither Support Nor Oppose | e Avanable to answer questions |
| At this meeting are you representing an orga | nization or a person other than yourself: Yes No |
| | complete the rest of this form. If you answered "yes," provide the name |
| of who you represent and go on to the next q | uestion.) |
| Name, address and telephone number of each | h person or organization you are representing: |
| The state of the s | person of organization for the representation. |
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| | |
| Are you being paid for your representation? | ☐ Yes ☐ No |
| | |
| Are you appearing as part of your other paid | duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next |
| question.) | complete the rest of this form. If you answered yes, go on to the next |
| | |
| | mon Council)5 minutes |
| | 3 minutes |

REGISTRATION STATEMENT - PAGE 2

| Are you an e other govern | ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? — Yes — No |
|---------------------------|--|
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| Date | Signature |
| | Print Name |