	CITY OF MA	DISON
Registration Statement		HOUSING COMMITTEE
	COMMITTEE	
Please Print	DIEACE	PRINT CLEARLY
		Paynich McCov645V 646 w. wostpronove
Agenda No	Address	646 m. Woster Hon Due
		MADISON WI 53707
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 organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	complete the rest	on other than yourself: Yes \ No of this form. If you answered 'yes," provide the name
Name, address and telephone number of each	- · · · · ·	
INGARA CHAPTE	N 87	[Institute of Necl Estele Mgt]
646 Wasd Washinga	Ove	U
MONSON, UN S	3707	516.9497
Are you being paid for your representation?		☐ Yes No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not a question.)		son or organization?
Speaking Limits: Public Hearing (Comm Information Hearing Other Items	•••••	3 minutes

Date: _

Are you an electother government	ted official or employee who is appearing solely on behalf of your office or for your municipality or ntal body? \qquad \textsty
	d "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.)
If you are being that:	g paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
1	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 City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 4-6-11

Registration Statement	HOUSING COMMITTEE
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Alyssa Hellenbrand Best Address Soy Bridlewood Un
	Waterown, WI 53094
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
,	- Farana or or Gummanian Jon organization
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 minutes 3 minutes 3 minutes

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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 are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	Print Name

Date:	_4	•	6	11	

Registration Statement -	HOUSING COMMITTEE
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Margaret Watson
Agenda No.	Name Margaret Watson Address 12743 Rolling OAKS Virana, WI 53593
	Venona, WI 53593
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
of who you represent and go on to the next of	t complete the rest of this form. If you answered "yes," provide the name
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 no question.)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits: Public Hearing (Com Information Hearing Other Items	nmon Council)5 minutes

Are you an elected official or employee other governmental body?	who is appeari	ng solely on behalf of your office or for your municipality or Yes No
(If you answered "yes" to the question, this form. If you answered "no" to the q		d not complete the rest of this form, except that you must sign o the next question.)
If you are being paid for your representhat:	tation, or if yo	ur appearance is part of other paid duties, please be advised
Before you engage in lol with the City Clerk.	obying as a lob	byist, you or your principal must file an authorization
Your principal is not per City Clerk.	rmitted to author	orize you to lobby unless you are registered with the
	orincipal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
(Please go to the City Clerk's websit Room 103 of the City-County Building, l		adison.com/clerk/index.html or go to the Clerk's Office at ore information.)
Date	Signature Print Name	
	TIME IVAMO	

Date: 4/6///

Registration Statement	HOUSING COMMITTEE
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Manay Tangara
	Name ////// Sensen
Agenda No.	Address 702 N. High Mint Rd
	Madin
	May soy WI
Please check the appropriate boxes:	
☐ Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next quality of the	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
Det Decaration al 5	To The Court Dust
Apl. 1755 alaum of a	onin Charaf al
102 N. High Pour Rd	
Madison, WI	
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 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Speaking Limits: Public Hearing (Com	mon Council) 5 minutes
	3 minutes
	3 minutes
Outor routhouses	······································

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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 <u>4/4</u>	e/// Signature // Jewee
	Print Name <u>Naudy Tensen</u>

Date: 4/6/1)

Registration Statement -		HOUSING COMMITTEE
	COMMITTEE	
Please Print	PLEAS	E PRINT CLEARLY
	Name	Kaehel Govin
Agenda No.	Addres	s 609 Whaten Rd
		Verona, WI 53593
Please check the appropriate boxes:		
Support Oppose		and Wish to speak Do not wish to speak
Neither Support Nor Oppose	3	Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next q	complete the re	rson other than yourself: Yes No est of this form. If you answered "yes," provide the nam
Name, address and telephone number of each	n person or orga	nization you are representing:
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.)		person or organization? Yes No est of this form. If you answered "yes," go on to the nex
Speaking Limits: Public Hearing (Com Information Hearing.		3 minutes

-		elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date _.		Signature
		Print Name