	CITY OF MADISON	
Registration Statement	HOUSING COMMITTEE	
Please Print Agenda No. 5	PLEASE PRINT CLEARLY Name Schnfu Oppries Address 4435 S. Meun St. Verona (V)	hof
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose 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 questions.	and Wish to speak Do not wish to sp Available to answ nization or a person other than yourself: complete the rest of this form. If you answered	Yes No
Name, address and telephone number of each	n person or organization you are representing:	
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.)	duties for this person or organization?	Yes No Yes No ''yes," go on to the next

Date: 9 - 1 - 10

Public Hearing (Common Council) 5 minutes Information Hearing...... 3 minutes Other Items...... 3 minutes

Speaking Limits:

Are you	ou an e govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you this fo	u answe orm. If y	ered "yes" to the question, STOP. 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?
(Pleas Room	se go t 103 of	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 _		Signature
		Print Name

Date:	9/1/10
	•

Registration Statement -	HOUSING $COMMITTEE$
rtogressation ciatoment	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
5	Name Granda Kerrel
Agenda No.	Address 30 N Hancale
	Madison W/ 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
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name question.)
	ch person or organization you are representing: Behalf
Tenant Reson	ure Centur 257-0143
1202 Willia	53703 Dva Nova
Are you being paid for your representation?	53703 □ Yes □ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes g3 minutes 3 minutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? YesNo
		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.)
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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	9/	1/10 Signature Brewla /Clbrill Print Name BRANDA K KANKEL
		Print Name BROWN K KOWKOL

Date:

Registration Statement -	HOUSING COMMITTEE
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Rachel (Jovi)
Agenda No.	Address
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 q	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 not question.)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	mon Council)5 minutes

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or ernmental body? Yes No
	swered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name

		Date:
1.		CITY OF MADISON
Registra	tion Statement -	HOUSING COMMITTEE
1.10910.520		COMMITTEE
Please Print		PLEASE PRINT CLEARLY
		Name Jason Botton
Agenda No		Name Jason Batton Address 6917 Normanshy Lin
		Manson WI \$3719
Please check the app	propriate boxes:	
Support Oppose Neither S	upport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "n		anization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and t	elephone number of eac	ch person or organization you are representing:
Pall	sode Property	Management LLC
201	Z Alasan chiales	N
Moa	1501 537	Maragament, LCC
	for your representation?	
		I 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:		nmon Council)5 minutes

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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.)
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Date	Signature
	Print Name

Date: _	9]1	1.0	

Registration Statement	HOUSING COMMITTEE
_	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
~	Name Michael Christopher Address 2 S. Maffler Washe
Agenda No.	Address 2 S. Marglen
	Madu
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 of this form. If you answered "yes," provide the name
Name, address and telephone number of each	
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.)	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	non Council)5 minutes 3 minutes 3 minutes

-		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u 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 need to be compared to the Clerk's Office at the City-County Building, Madison, for more information.)
Date _	٩] ا	Signature Muchan Chutaf
		Print Name,) , , , , , , , , , , , , , , , , , ,

Date:	9/1	110	

Registration Statement	HOUSING COMMITTEE	
	COMMITTEE	
Please Print		
riease rimi	PLEASE PRINT CLEARLY	
	Name Dan Seeley Address GOY Willow Brook Trl.	
Agenda No	Address 604 Willow Brook Trl.	
	Sun Prairie WI 53590	
Please check the appropriate boxes:		
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions	
Neither Support Not Oppose		
At this meeting are you representing an organiz (If you answered "no," STOP; you need not coof who you represent and go on to the next questions.	emplete the rest of this form. If you answered "yes," provide the n	чате
Name, address and telephone number of each p	erson or organization you are representing:	
Are you being paid for your representation?	Yes No	
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not co question.)	ties for this person or organization? Yes No omplete the rest of this form. If you answered "yes," go on to the	next
Information Hearing	on Council)5 minutes 	

	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? \(\sum \sum \text{Yes} \sum \subset \text{No}\)
	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.)
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Date	Signature
	Print Name

Date: 9/1/10

Registration Statement -	HOUSING COMMITTEE
•	COMMITTEE
Diagram Delicat	
Please Print	PLEASE PRINT CLEARLY
	Name Derek House
Agenda No.	Address 777 University Ave #6
	MADISON, WIT S3715
Please check the appropriate boxes:	
The second secon	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
At this meeting are you representing an orga	anization or a person other than yourself: Yes No
(If you answered "no," STOP; you need no	t complete the rest of this form. If you answered "ves" provide the name
of who you represent and go on to the next q	question.)
NI	
Name, address and telephone number of eac	th person or organization you are representing:
The state of the s	
Annual Laine and I for a surrous and the same	
Are you being paid for your representation?	☐ Yes ☐ No
	dution for this recovery
Are you appearing as part of your other paid	duties for this person or organization?
Are you appearing as part of your other paid	duties for this person or organization?
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 to complete the rest of this form. If you answered "yes," go on to the next
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.) Speaking Limits: Public Hearing (Com	dution for this recovery

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or Yes No No
(If you answ this form. If	ered "yes" to the question, STOP. 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.)
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(Please go Room 103 d	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 9/1/2010

Registration Statement	HOUSING COMMITTEE
	COMMITTEE
Diagram During	
Please Print	PLEASE PRINT CLEARLY
	Name Classe M. Tortchark
Agenda No	Name Lesse M. Portchark Address 409 Almeron St. Evanguille W. E. 53536
	Ecansuille WI 53536
Please check the appropriate boxes:	
☐ Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppo	Available to answer questions
P.	
(If you answered "no," STOP; you need to of who you represent and go on to the nex	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.)
Titalio, dedicasa dila saraphana manacaka ar a	dest person of organization you are representing.
Are you being paid for your representation	n? Yes No
	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
Information Hearing	ommon Council)5 minutes ng3 minutes3 minutes

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? Yes No
	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.)
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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 e City-County Building, Madison, for more information.)
Date	Signature
	Print Name

	Date:	9	ı	0	lı	10	
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Registration Statement	HOUSING $COMMITTEE$
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Margaret Watson Address U743 Rolling OAKS Verona, WI 53593
	Verona, WI 53593
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose Neither Support Nor Oppose	Do not wish to speak Available to answer questions
	complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	
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 of (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	non Council)5 minutes 3 minutes 3 minutes

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Date	Signature AMA
	Print Name

	CITY OF MADISON
Registration Statement	HOUSING COMMITTEE
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
and the second	Name TAMES STOPPLE
Agenda No.	
	Address 1202 LOCENT ST
	MADILON, WI
Please check the appropriate boxes:	
Trease effect the appropriate boxes.	
□ Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	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 uestion.)
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 of (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
	mon Council)5 minutes 3 minutes

Date: ____

Other Items......3 minutes

-		ted official or employee who is appearing solely on behalf of your office or for your municipality or ntal body? Yes No
		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.)
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Date		Signature
		Print Name

Date: 9-1-10

Registration Statem	ent - HOUSING COMMITTEE
rtogiosration Gtatom	COMMITTEE
Please Print	
<u>r icase i i ini</u>	PLEASE PRINT CLEARLY
	Name Alyssa Hellenbrand-Best
Agenda No	Address SSP Bridlewood UN
	Underfour, WL 53094
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor (Available to answer questions
retifici Support rei	>ppose
At this meeting are you representing (If you answered "no," STOP; you not who you represent and go on to the	an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name e next question.)
Name, address and telephone number	r of each person or organization you are representing:
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Are you being paid for your represen	tation? Yes No
	ner paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Information I	ng (Common Council)5 minutes Hearing

-		lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? [Yes] No
		ered "yes" to the question, STOP. 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.)
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Date		Signature
		Print Name

Date:	9/1/10	

Registration	n Statement		HOUSING COMMITTE	E	
	_	COMMITTEE	The second secon		
Please Print		* .	PRINT CLEARLY April Degn	et	•
Agenda No b -	Apt Showing	Address	April Degn 7409 Timber Madison W	-lake Tr1 #1 1 53719	03
Please check the approp	oriate boxes:	•	•		
At this meeting are you (If you answered "no," of who you represent a	STOP; you need not cond go on to the next que	omplete the res estion.)	and Wish to spea Do not wish Available to on other than yourself: t of this form. If you answ ization you are representing	to speak answer questions Yes No rered "yes," provide the	? name
		-			
Are you being paid for	your representation?			☐ Yes Ø No	
Are you appearing as pa (If you answered "no," question.)			rson or organization? t of this form. If you answ	Yes No Novered "yes," go on to th	e next
•	Public Hearing (Comm Information Hearing Other Items		3 minutes		

Are you an elected official or employ other governmental body?	vee who is appearing 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	on, STOP. You need not complete the rest of this form, except that you must sign e question, go on to the next question.)
If you are being paid for your repre that:	sentation, or if your appearance is part of other paid duties, please be advised
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3. If your principal spen period (half year), the remainder of the cales	ds or will owe more than \$1,000 for lobbying services in any reporting e principal must file expense statements with the City Clerk for the idar year?
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Date	Signature
	Print Name

Date: 9///0

Registration Statement		HOUSING COMMITTEE	
	COMMITTEE		
Please Print	PLEASE	PRINŢ ØLEARLY	
Agenda No.	Name Address	Naucy Jensen 702 W. Nigh Poin Macison, WI	f Rd
Please check the appropriate boxes:			
Support Oppose Neither Support Nor Oppose	e	and Wish to speak Do not wish to s Available to ans	
At this meeting are you representing an orga- (If you answered "no," STOP ; you need not of who you represent and go on to the next q	complete the res	2 /-	Yes □ No d "yes," provide the name
Name, address and telephone number of each	ı person or organ	ization you are representing:	
Apartment Association	1 of South	2 Central Wisc.	
702 N. High Point R	<u>d</u> 0		
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.)			Yes No No not the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	······	.3 minutes	

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Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
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Date <u>9//</u>	1/10 Signature Mucy June Print Name Mucy Jensen

Date: 911/0

Registration Statement -	HOUSING COMMITTEE
	COMMITTEE
Please Print	DI EACE DRINT CLEARLY
	PLEASE PRINT CLEARLY
	Name Sarah Har- Address 276 Icleine St Deerfield, M J
Agenda No	Address 376 Icleine St
	Deerfield, M J
Please check the appropriate boxes:	
Support Oppose	and Wish to speak Do not wish to speak
Neither Support Nor Oppos	Se Available to answer questions
At this meeting are you representing an org (If you answered "no," STOP; you need no 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 each	ch person or organization 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 no question.)	d duties for this person or organization? Yes No No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or Yes No
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Date	Signature
	Print Name

	9/11	110	
Date:	1 1 1	10	

Registration Statement	HOUSING COMMITTEE
	COMMITTEE
Please Print	
i icase i imi	PLEASE PRINT CLEARLY
1	Name Jaclyn Skjervem Address 1413 Praine Rd.
Agenda No	Address 1413 Praine Rd.
	Madison, W1 53711
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 of this form. If you answered "yes," provide the name
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 (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

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? \(\sum \text{Yes} \sum \text{No}\)
		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 bei	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 _		Signature
		Print Name