

CITY OF MADISON

Registration Statement

1 D B C

Name of Board, Committee or Commission

Name Valerie Valerie
Address _____

Date 2/7/13
Item 28837

☒ 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 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.)

☐ Yes ☒ No

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 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.

☐ Yes ☒ No

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.)

☐ Yes ☐ No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? ☐ Yes ☐ No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ Yes ☐ No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? ☐ Yes ☐ No

(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.)

Date _____

Signature _____

Print Name _____

CITY OF MADISON

K

Registration Statement

CLB BC
Name of Board, Committee or Commission

Name Deborah Phillips
Address 1413

Date 2/7/201
Item 28837

☒ 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 than yourself: ☐ 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 question.)

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 duties for this person or organization? ☐ Yes ☒ No
(If you answered "no" to both these questions, **STOP**. You need not complete the rest of this form.
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Registration Statement - Page 2

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(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.)

Date _____ Signature _____
Print Name _____

CITY OF MADISON

V6

Registration Statement

Cdba

Name of Board, Committee or Commission

Name ~~Stephen~~ Stephen
Address 1413 Theresa Terrace

Date Feb 7, 2013
Item 28837

☒ 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 than yourself: ☐ 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 question.)

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Are you being paid for your representation? ☐ Yes ☒ No

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Registration Statement - Page 2

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(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.)

Date _____ Signature _____
Print Name _____

CITY OF MADISON

K

Registration Statement

CDB
Name of Board, Committee or Commission

Name Zavarion Mohomes
Address _____

Date 2/7/13
Item 28837

☒ 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 than yourself: ☐ 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 question.)

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Registration Statement - Page 2

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(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.)

Date _____ Signature _____
Print Name _____

CITY OF MADISON

Registration Statement

~~cdby~~ cdbg
Name of Board, Committee or Commission

Name Dwayne
Address 1413 Theresa Terrace

Date Feb 07 2013
Item ~~288~~ 28837

☒ 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 than yourself:

☐ 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 question.)

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 duties for this person or organization?

☐ Yes ☒ No

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If you answered "yes," turn over to the next question.

Registration Statement - Page 2

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☐ Yes ☐ No

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Date _____

Signature _____

Print Name _____

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

Name Karlem
Address 1418 Geneva Terrace
Madison, WI 53711

Date 2/7/13
Item 28837

☒ 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 than yourself: ☐ 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 question.)

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 duties for this person or organization? ☐ Yes ☒ No
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If you answered "yes," turn over to the next question.)

Registration Statement - Page 2

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(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.)

Date _____ Signature _____
Print Name _____

CITY OF MADISON

Registration Statement

CDBG Committee
Name of Board, Committee or Commission

K

Name JAMES
Address 1415 Tenosa Terrace
Madison, WI 53711

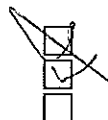
Date 2/11/13
Item 28837



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 than yourself:

☐ 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 question.)

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 duties for this person or organization?

☐ Yes ☐ No

(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

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☐ Yes ☐ No

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☐ Yes ☐ No

2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?

☐ Yes ☐ No

3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?

☐ Yes ☐ No

(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.)

Date _____

Signature _____

Print Name _____

CITY OF MADISON

CDB6

Registration Statement

Name of Board, Committee or Commission

Name Miracle Shanklin
 Address 1416 Theresa Terrace

Date 2/7/13
 Item 28837

☒ 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 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.)

☐ Yes ☒ No

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 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.

☐ Yes ☒ No

Registration Statement - Page 2

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☐ Yes ☐ No

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Date _____

Signature _____

Print Name _____

CITY OF MADISON

K

Registration Statement

Name of Board, Committee or Commission _____

Name S. Awntes Shanklin
 Address 1408 Theresa Terrace
1416 Madison, WI

Date 2/7/2013
 Item 28837

☐ 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 than yourself: ☐ 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 question.)

Name, address and telephone number of each person or organization you are representing:

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Registration Statement - Page 2

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(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.)

Date _____ Signature _____
 Print Name _____

CITY OF MADISON

Registration Statement

CDBG Committee Meeting

Name of Board, Committee or Commission

Name Cassie Rademakers
 Address 1213 Minton Rd
Madison, WI 53711

Date 2/7/13
 Item 28837

☒ 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 than yourself? ☐ Yes ☐ No
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Registration Statement - Page 2

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Date _____ Signature _____
 Print Name _____

CITY OF MADISON

Registration Statement

Name of Board, Committee or Commission

Name Sherni Swartz
Address 2402 Prairie Rd
Madison, WI 53711

Date 2/7/2013
Item Theresa-Hammersley Neighborhood House
\$ 28837

☒ 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 than yourself:

☐ 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 question.)

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 duties for this person or organization?

☐ Yes ☒ No

(If you answered "no" to both these questions, STOP. You need not complete the rest of this form.

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Registration Statement - Page 2

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☐ Yes ☐ No

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Date 2/7/2013

Signature Sherni Swartz

Print Name Sherni Swartz

CITY OF MADISON

Registration Statement

Community Dev. Block
Name of Board, Committee or Commission

Name J. Suggs
Address _____

Date 1/7/13
Item 28837

☒ 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 than yourself:

☐ 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 question.)

Name, address and telephone number of each person or organization you are representing:

Boys + Girls Club

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

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If you answered "yes," turn over to the next question.

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

CITY OF MADISON

Registration Statement

CRBG
Name of Board, Committee or Commission

Name Gloria K Meyer
Address 13 Jacobs Court

Date 2/7/13
Item 28837

☒ 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 than yourself: ☐ 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 question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? ☐ Yes ☐ No

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Registration Statement - Page 2

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Date _____ Signature _____
Print Name _____

CITY OF MADISON

Registration Statement

CDBG
Name of Board, Committee or Commission

Name Ali Brooks
Address Roxys St
Madison, WI 53704

Date 2/7/13
Item 28837

☒ 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 than yourself: ☐ 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 question.)

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 duties for this person or organization? ☐ Yes ☒ No
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Registration Statement - Page 2

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Date 2/7/13 Signature Ali Brooks
Print Name Ali Brooks

CITY OF MADISON

Registration Statement

Community Development Block Grant
Name of Board, Committee or Commission

Name Charles (Chuck) Kine
Address 1109 Brookwood Rd
Madison 53711

Date 2/7/2013
Item 28837

☒ 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 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.) ☒ Yes ☐ No

Name, address and telephone number of each person or organization you are representing:

Green Trees Neighborhood Assn
Southwest Madison Community Organizer

Are you being paid for your representation?

☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization?
(If you answered "yes" to both these questions, STOP. You need not complete the rest of this form.
If you answered "yes," turn over to the next question.)

☐ Yes ☒ No

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?

☐ Yes ☒ No

(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 authorization with the City Clerk? ☐ Yes ☐ No
- Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ Yes ☐ No
- If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? ☐ Yes ☐ No

(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.)

Date _____

Signature _____

Print Name _____

Registration Statement

Name Suzanne G. Hageman
Address 5814 Hempstead Rd
Madison WI

Date 2/1/15
Item Theresa Terrace
Neighborhood Center

☐ Oppose

<input checked="" type="checkbox"/>	Wish to Speak
<input type="checkbox"/>	Do Not Wish to Speak
<input type="checkbox"/>	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?

☐ Yes ☒ No

☐ Yes ☒ No

Are you appearing in part of your child's care for this purpose?
(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.)

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No

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:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? ☐ Yes ☒ No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ Yes ☒ No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? ☐ Yes ☒ No

(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.)

Date 2/7/13

Signature _____

Print Name _____