

16662

Date: 9/21/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	ouncil	
Please Print Agenda No.		FRINT NA 500+1	MECLEARLY Respiret Mendota (+ #140
Please check one:	AND	Plea	ise check:
Support		\boxtimes	Wish to Speak
Oppose		·	
Neither Support Nor Op	ppose		
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 Name, address and telephone number of ear That Slanger of the state of	ot complete the rest question)	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 no question.)	d duties for this pers		
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g	3 minutes	



Date: 9/2///0

WISH TO SPEAK FORM

CITY OF MADISON

Registrati	on Statement -	Common C	ouncil	· .
Please Print Agenda No.	5	PLEASE Name Address	PRINT NAME CLEA Brendy Ko	RLY ulcel
Please check of	ne:	AND	Please check	c: o Speak
Support			Wisht	o Speak
OpposeNeither S	upport Nor Op	pose		
(If you answered "no, of who you represent	and go on to the next q	t complete the rest uestion.)	n other than yourself: of this form. If you answe tation you are representing	Yes No ered "yes," provide the name ng:
Are you being paid fo	r your representation?			☐ Yes ☐ No
	part of your other paid." STOP; you need not			☐ Yes ☐ No ered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes	



Date: 9/2/(10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	COMMITTEE	Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No	Name Address	Philip Ejer Cito 333 W. Mifflin #3060 Madison WI 537E
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
☐ Neither Support Nor Op	ppose	
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 Name, address and telephone number of ea	ot complete the rest question.)	st of this form. If you answered "yes," provide the nam
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 no question.)		erson or organization?
Speaking Limits: Public Hearing (Confidence Information Hearing Other Items	g	.3 minutes



Date: 9/21/10

WISH TO SPEAK FORM

Registration Statemen		ouncil		
Please Print	COMMITTEE PLEASE	E PRINT NAME	CI FARI Y	
Agenda No	Name Address {	Rosel	-ane	Johnson St. 06
Please check one:	AND	Please	check:	
Support		Ø v	Wish to Speak	2
Oppose				
Neither Support Nor	Oppose			
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the need. Name, address and telephone number of	l not complete the rest ext question.)	of this form. If ye	ou answered "yes,"	No provide the name
Are you being paid for your representation	on?		Yes	No
Are you appearing as part of your other a (If you answered "no," STOP; you need question.)				No " go on to the next
Information Hear	Common Council)	3 minutes		



Date: 4/21/2010	ate:	e: 9/21/2010
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CITY OF MADISON

Registration Statement -	COMMITTEE	ouncil	
Please Print	PLEASE	E PRINT NA	ME CLEARLY
Agenda No. 65		Zach I	vins Jannson St
Please check one:	AND	Plea	ise check:
✓ Support		1	Wish to Speak
Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an orgalized (If you answered "no," STOP; you need not of who you represent and go on to the next of Name, address and telephone number of each	ot complete the rest question)	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)	-	_	
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	3	3 minutes	



	9-21-10	
Date:	1 3110	

Registration Statement		Council
	COMMITTEE	
Please Print	PLEASE	SE PRINT NAME CLEARLY
Agenda No. <u>65</u>	Name Address	Carl Fergus GOG Oakland Ave. Madison WI 53711
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor O	ppose	
At this meeting are you representing an or (If you answered "no," STOP; you need to of who you represent and go on to the next Name, address and telephone number of each of the state of t	not complete the rest tt question.)	st of this form. If you answered "yes," provide the nam
Are you being paid for your representation. Are you appearing as part of your other part (If you answered "no," STOP; you need question)	aid duties for this per	Yes No erson or organization? Yes No est of this form. If you answered "yes," go on to the nex
Information Heari	ommon Council)	3 minutes



Date: 92110

WISH TO SPEAK FORM

CITY OF MADISON

Registration State		uncil
Please Print	Name	PRINT NAME CLEARLY Sam Polstein
Agenda No.	Address <u>9</u>	125 Fahrenbrook Ct. #233
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support	Nor Oppose	
At this meeting are you represent (If you answered "no," STOP; yof who you represent and go on to Name, address and telephone numbers.	oou need not complete the rest of to the next question.)	f this form. If you answered "yes," provide the name
Are you being paid for your repr	esentation?	☐ Yes ☐ No
Are you appearing as part of you (If you answered "no," STOP; y question.)		on or organization?
Informati	earing (Common Council) 5 r fon Hearing 3 r ms 3 r	minutes





Date: 4/21/10

WISH TO SPEAK FORM

Registratio	on Statement -	COMMITTEE	Council		
Please Print		PLEASE Name	E PRINT NA	ME CLEARLY BARGNES	
Agenda No.	>	Address	12 CAM	V600N ST 53703	
Please check on	e:	AND	Plea	se check:	
Support			X	Wish to Speak	
Oppose					
Neither Su	ipport Nor Op	pose			
At this meeting are you (If you answered "no," of who you represent a Name, address and tele	' STOP; you need no nd go on to the next o	t complete the rest question.)	of this form.	If you answered "yes," provide representing:	No le the name
MSN S	.3703				
Are you being paid for	your representation?			☐ Yes - 🗖 N	10
Are you appearing as p (If you answered "no," question.)				ration? Yes N	
	Public Hearing (Cor Information Hearing Other Items		3 minutes		



Date: 9.21.2010

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	COMMITTEE	ouncil
Please Print Agenda No	PLEASE Name Address	PRINT NAME CLEARLY Dustin Vers 406 Castle Pl. Madison
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
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. Name, address and telephone number of each	ot complete the rest of question.)	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 no question.)	d duties for this perso	Yes No
Information Hearing	mmon Council)5 g	3 minutes



Date:	9/21	12010	

CITY OF MADISON

Registration	n Statement -		Council		
Please Print		COMMITTEE	E PRINT NAME CLE	ADI V	
Agenda No. 65		Name Address	Berk throng	wn Pl Ap	A 6
Please check on	e:	AND	Please che	ek:	
Support			Wish	to Speak	
Oppose					
Neither Su	pport Nor Op	pose			
Name, address and tele	STOP; you need no nd go on to the next q	t complete the result puestion.) The person or organ.	on other than yourself: t of this form. If you ans ization you are represen		□ No rovide the name
question.)	art of your other paid	t complete the res	t of this form. If you an	☐ Yes ☐ Yes swered "yes," g	No No on to the next
	Information Hearing Other Items		3 minutes		



Date:	
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CITY OF MADISON

Registration	on Statement -	Common C	ouncil	
Please Print Agenda No.		PLEASE Name Address	PRINT NA	MECLEARLY Paulson Dayton St #7
Please check on	ie:	AND	Plea	ise check:
Support			Ø,	Wish to Speak
Oppose			•	
Neither St	upport Nor Op	pose		
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" STOP; you need no and go on to the next	ot complete the rest question)	of this form.	If you answered "yes," provide the name
1 0 0	part of your other paid	d duties for this per		☐ Yes ☐ No zation? ☐ Yes ☐ No If you answered "yes," go on to the next
question.) Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	3	3 minutes	



Date:	9	-91	 <u>`</u>
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Registration Statement -	Common C	Council		_
Please Print Agenda No. 65	PLEASE Name Address	PRINT NAI AJam 619 W. Madison	ME CLEARLY JOHNSON Mifflin St.	
Please check one:	AND	Plea	se check:	
Support		X	Wish to Speak	
Oppose				
Neither Support Nor Op	pose			
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	t complete the resi question)	t of this form. I	If you answered "yes," provide	
Name, address and telephone number of each	in person or organi 113 of A	ation you are	representing:	
33\$ E. Camous A	(al)			
715, 338, 4356	•			
Are you being paid for your representation?			☐ Yes \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\)
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)			zation? X Yes \(\bigcare{1}\) No If you answered "yes," go on to	the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items		3 minutes		



Date: 9/2//10

WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	Council	
Please Print		E PRINT NAME CLEARLY	
Agenda No. # 65	Name Address	Sam Stevenson 406 E. Washington Ave. #4 Madisan, Wi	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.)	st of this form. If you answered "yes," provide the no	ime
			 _
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.)	l duties for this per t complete the rest	erson or organization? Yes No est of this form. If you answered "yes," go on to the r	ıext
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes	



Date:	9/21	/10	

Registration Statemen	t - Common Co	uncil
Please Print		PRINT NAME CLEARLY
Agenda No. <u>5</u>	Name <u>k</u> — Address _	yle Szarzynski
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor	Oppose	
At this meeting are you representing an (If you answered "no," STOP; you need of who you represent and go on to the no Name, address and telephone number of	d not complete the rest of ext question.)	f this form. If you answered "yes," provide the name
Are you being paid for your representati	on?	☐ Yes ☐ No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)		n or organization?
Information Hea	Common Council) 5 ring 3	minutes



Date: 921-10

CITY OF MADISON

Registration Statement	- Common Council COMMITTEE
Please Print Agenda No.#6.5	PLEASE PRINT NAME CLEARLY Name SEMPLY LUE Address II WWISON 53707
(If you answered "no," STOP ; you need of who you represent and go on to the ne	organization or a person other than yourself: Yes No I not complete the rest of this form. If you answered "yes," provide the name
(If you answered "no," STOP; you need question.) Speaking Limits: Public Hearing (Information Hearing)	on?

Date: 9/2//10



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

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?	Registra	tion Statement - <u>C</u>	OMMITTEE	<u>ouncil</u>
Please check the appropriate box: Support Oppose Neither Support Nor Oppose 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," 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 question.) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing	Please Print		PLEASE	PRINT NAME CLEARLY
Please check the appropriate box: Support Oppose Neither Support Nor Oppose 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," 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 question.) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing			Name	Tim Poellmann
Please check the appropriate box: Support Oppose Neither Support Nor Oppose 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," 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 question.) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing	Agenda No.	i\$	Address	7 1 0+1-20
Support Oppose Neither Support Nor Oppose 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," 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? Yes No 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 question.) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing				Madison, WIS3726
Neither Support Nor Oppose 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," 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? Yes No 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 question.) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing	Please check the ap	opropriate box:		Please check the appropriate box:
Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself:	⊠ Support		AND	Do not wish to speak
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," 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 question.) Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing	Oppose			
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," 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 question.) Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing	Neither	Support Nor Oppo	se	
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 question.) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing	(If you answered "n of who you represen	no," STOP; you need not cont and go on to the next quest	nplete the rest tion)	of this form. If you answered "yes," provide the name
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing	Are you being paid	for your representation?		☐ Yes ☐ No
Information Hearing	Are you appearing a (If you answered "n	as part of your other paid dut	ies for this pe mplete the res	
	Speaking Limits:	Information Hearing	********	3 minutes

Date: 540121,10



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement - ₋	Common Council COMMITTEE
Please Print		PLEASE PRINT NAME CLEARLY
Agenda No. (<u>,5</u>	Name Neil a Chandon Address 1022 W. Johnson Apt 1410
Please check the app Support Oppose Neither S	oropriate box: Support Nor Op	Please check the appropriate box: AND Do not wish to speak
(If you answered "no of who you represent	o," STOP; you need no and go on to the next q	nization or a person other than yourself: Yes Provide the complete the rest of this form. If you answered "yes," provide the name uestion.) In person or organization you are representing:
Are you appearing as	or your representation? s part of your other paid o, "STOP; you need no	☐ Yes ☑ No duties for this person or organization? ☐ Yes ☑ No complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	mon Council)5 minutes 3 minutes 3 minutes

Date: 4/2(110



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement	Common Council COMMITTEE
<u>Please Print</u>		PLEASE PRINT NAME CLEARLY
Agenda No	55	Name Hannah Somers Address 1052 Wales Selleny - A 821 W. Johnson St Madison, W1 53766
Please check the ap	opropriate box:	Please check the appropriate box:
Support Oppose		AND Do not wish to speak
Neither	Support Nor Op	pose
(If you answered "n of who you represen	o," STOP; you need not to and go on to the next q	inization or a person other than yourself: \(\sum \) Yes \(\sum \) No tomplete the rest of this form. If you answered "yes," provide the name nuestion.) The person or organization you are representing:
Are you being paid	for your representation?	☐ Yes 📈 No
Are you appearing a (If you answered "n question.)	s part of your other paid o," STOP; you need no	duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 minutes

Date: 9/21/10



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registrat	tion Statement -	Common Council COMMITTEE
Please Print		PLEASE PRINT NAME CLEARLY
Agenda No. 6)5	Name Kyle Wolwich Address 914 College Ct. Apt. 106 Madison, WI 53715
Please check the ap	propriate box:	Please check the appropriate box:
Support Oppose		AND Do not wish to speak
At this meeting are y (If you answered "no of who you represen Name, address and t	o," STOP; you need no t and go on to the next o elephone number of eac	nization or a person other than yourself: Yes \[\] No complete the rest of this form. If you answered "yes," provide the name
Arayay haina naid	for your representation?	☐ Yes ☑ No
Are you appearing a	s 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
Speaking Limits:	Information Hearing	mon Council)5 minutes 3 minutes

Date: 9/21//0



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 65	Name Tom Templeton Address 200 Langdon St Madison, WI 53703
Please check the appropriate box:	Please check the appropriate box:
✓ Support✓ Oppose	AND Do not wish to speak
Neither Support Nor O	ppose
of who you represent and go on to the next Name, address and telephone number of ea	ot complete the rest of this form. If you answered "yes," provide the name question.) ch person or organization you are representing:
Y, Kappa H/pha + naterity	200 langdon St. Mindison WI 5370 3
Are you being paid for your representation Are you appearing as part of your other part	
	ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	mmon Council)5 minutes g3 minutes 3 minutes

Date: 9/21/10



DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common C	ouncil			
Please Print Agenda No.	55	"我看我没有有什么,我们还是我们的,我们还是我们没有不好的。"他们也	EPRINT NA Alex 210 Mals:		ARLY , 57. 5370	3
Please check the app Support	ropriate box:	ANTO	1		ne appropriat	
Oppose	L upport Nor Opj	AND		Do no	ot wish to) speak
At this meeting are yo (If you answered "no, of who you represent Name, address and tel	u representing an organ "STOP; you need not and go on to the next que ephone number of each [[[[[[[[[[[[[[[[[[[nization or a person complete the reson to the complete the reson of organ are person or organ.	t of this form zation you ar	If you ans	wered "yes," ting:	provide the name
Are you appearing as	r your representation? part of your other paid "STOP; you need not				☐ Yes ☐ Yes swered "yes,"	∭No
question.) Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	mon Council)	5 minutes 3 minutes			



Date: ____

CITY OF MADISON

Registrat	ion Statemen	t - Comr	non Coun	cil			
Please Print		P	LEASE PRI	NT NAME	CLEARLY		
	C	N	ame J	erad	McHen	wy	
Agenda No6	S	А	ddress 04	Bashfo	vd Tr	ipp	
			1810	Triρρ	Circle	iry iep Madison	W
Please check the ap	propriate box:		53.			ropriate box:	
Support		AN	D			ish to speal	.
Oppose					O HOL WI	isii to speal	
Neither 8	Support Nor	Oppose					
At this meeting are y (If you answered "no of who you represen	o," STOP; you nee	d not complete	r a person oth the rest of thi	er than you is form. If y	rself: [Yes ANo "yes," provide th	ıe name
Name, address and t	elephone number o	f each person o	or organization	ı you are re	oresenting:		
UW	Madison	College	Republi	cans			
Are you being paid i	for your represental	ion?				Yes 🖺 No	
Are you appearing a (If you answered "n question.)	s part of your other o," STOP; you nee	paid duties for ed not complete	this person o the rest of th	r organizati is form. If y		Yes No No 'yes," go on to	the next
Speaking Limits:	Public Hearing Information Hea	aring	3 min	ıutes			

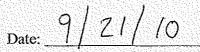


Date: 9/21/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	Common Council COMMITTEE	
Please Print		PLEASE PRINT NAME	: CLEADLY
		Name <u>Joha</u>	Ohlinger niversity the #3
Agenda No	105	Address <u>1919 w</u>	liversity the #3
		e in the comment of t	, W 53726
Please check the ap	propriate box:	Please cl	heck the appropriate box:
Support		AND	
Oppose			o not wish to speak
Neither	Support Nor Op	mose	
	nt and go on to the next of each	question) ch person or organization you are re	presenting:
Are you being paid	for your representation?		☐ Yes ☐ No
Are you appearing a (If you answered "n question.)	is part of your other paid o," STOP; you need no	d duties for this person or organization of complete the rest of this form. If y	on?
Speaking Limits:	Information Hearing	mmon Council) 5 minutes g3 minutes 3 minutes	





Registration	Statement - Common Co	uncil
	COMMITTEE	
Please Print Agenda No.	NameAddress	PRINT NAME CLEARLY Erik Larson 5-31 U Dayton St Madison, WI
At this meeting are you r (If you answered "no," S	AND port Nor Oppose epresenting an organization or a person TOP; you need not complete the rest of	Please check the appropriate box: Do not wish to speak other than yourself: this form. If you answered "yes," provide the name
Name, address and telepl	go on to the next question) none number of each person or organiza College Republicans	tion you are representing:
Are you being paid for you appearing as par (If you answered "no," Squestion.)	t of your other paid duties for this perso	☐ Yes ☐ No n or organization? ☐ Yes ☐ No f this form. If you answered "yes," go on to the next
II.	ublic Hearing (Common Council) 5 information Hearing 3 wither Items 3	minutes



CITY OF MADISON

Registra	tion Statement	Common Co	ouncil		
Please Print		DI EASE	PRINT NAME CLI	EADLV	
	1.6	Name	Julie ?	financia 🖀 primira in 1900 il filosofi describita de 190	
Agenda No.	\mathcal{Q}	Address	307;	S, Few	86
			Madi	Son, WI	
Please check the ap	ppropriate box:		Please check	the appropriat	te box:
Support			Δ		
		AND	₩ Do n	ot wish to) speak
□ Oppose					
Neither :	Support Nor Op	pose			
of who you represen	o," STOP; you need not at and go on to the next queelephone number of eac	uestion.)			
Are you being paid	for your representation?			☐ Yes	XW ₀
Are you appearing a (If you answered "n question.)	ns part of your other paid no," STOP; you need no	duties for this person t complete the rest of	on or organization? of this form. If you a	☐ Yes nswered "yes,"	go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		

Date: 9-21-10



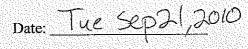
DO NOT WISH TO SPEAK FORM

Registration Statement -	COMMITTEE	ouncil		
Please Print Agenda No. 6	Name _	PRINT NAME CLE GISTEM Se 321 W.Wil Maditan,	eman Jon #4	3
Please check one: Support Oppose	AND	Please che		
At this meeting are you representing an organism of who you represent and go on to the next of Name, address and telephone number of each will be supported by the support Nor Open Support Name, address and telephone number of each will be support Nor Open Suppo	anization or a person of complete the rest of question.) ch person or organiza	f this form If you ans	wered "yes," prov	
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.) Speaking Limits: Public Hearing (Con Information Hearing Other Items	I duties for this person to complete the rest of the desired common Council)5	f this form. If you ans minutes minutes	☐ Yes	∕No ∕No nh to the next



Date: $\frac{Q}{Z}$

Registrat	ion Statement -	Common C	<u>ouncil</u>				
Please Print Agenda No.	Q5	Name	PRINT NAME C Grace Ed 1040 Sprin Modison	gerhart	pEB		
Please check o	ne:	AND	Please cl	ieck:			
Oppose							
(If you answered "no of who you represent	ou representing an orga o," STOP; you need no and go on to the next q	t complete the rest (nuestion.)	of this form. If you c	inswered "yes," j	☐ No provide the name		
Miversit	elephone number of eac		College	, , , , , , , , , , , , , , , , , , ,	eans		
Are you appearing as	or your representation? part of your other paid "STOP; you need not			☐ Yes ☐ Yes answered "yes," ;	No No go on to the next		
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		minutes				





Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY Name Neil Isonu
Agenda No.	Name Nell Force Address 27 N. Rondoll #4
Please check the appropriate box:	Please check the appropriate box:
Support Oppose	AND Do not wish to speak
Neither Support Nor Op	pose
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 rest of this form. If you answered "yes," provide the name
(P) '마니 스마트 (P) 전 10 (P)	h person or organization you are representing:
W college Republicans Po Box 260032	
Madisan, WI 5370	$oldsymbol{\zeta}$
Are you being paid for your representation?	☐ Yes
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 the next 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



Date: 9/21/2010

Registration Statem	ent - Common Council	
Please Print	PLEASE PRINT NAME CLEA	DIV
Agenda No. 65	Name Madison, W	s sity Ave. Apt D201
Please check one:	AND Please chec	
☑ Support	Do not	wish to speak
Oppose		
Neither Support No	or Oppose	
(If you answered "no," STOP; you no of who you represent and go on to the	r of each person or organization you are represention	ered "yes," provide the name
Plone. (952) 465-4397		
Are you being paid for your represen	tation?	☐ Yes 🏿 No
	ner paid duties for this person or organization? need not complete the rest of this form. If you answ	☐ Yes ☑ No vered "yes," go on to the next
Information H	g (Common Council) 5 minutes Iearing 3 minutes 3 minutes	



Date: 9/21/10

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common (Council		
Please Print					
		PLEAS	E PRINT NAME CL	_EARLY	
	n	Name	Ashley B	ZNVIX	
Agenda No.	<u>/</u>	Address	118 W! 501	nnsin	unit 9
			Malisan	, WF	63703
Please check o	ne:	AND	Please ch	eck:	
Support Support			– 📈 Don	ot wish to	speak
Oppose					
Neither S	upport Nor Op	pose			
(If you answered "no	ou representing an orga ," STOP; you need not and go on to the next q	t complete the resi	on other than yourself t of this form. If you a	: Yes nswered "yes,	□ No " provide the name
Name, address and te	lephone number of eac	h person or organi	ization you are represe	enting:	
<u></u>	X Renand	10000			
Are you being paid fo	r your representation?			Yes	ĎΝο
Are you appearing as	part of your other paid "STOP; you need not			☐ Yes	(X No
Speaking Limits:	Public Hearing (Com Information Hearing		3 minutes		
	Other Items		3 minutes		



Date: <u>09/21/10</u>

Registration Statement -	Common Council COMMITTEE	
Please Print	PLEASE PRINT NAME CLEARLY	
Agenda No. 65	Name Stephen Duerst Address 211 D Mlls	SK
	Madison W1 53715	
Please check the appropriate box: Support	Please check the appropriate box: AND Do not wish to speak	
 □ Oppose □ Neither Support Nor O	ppose	
At this meeting are you representing an or (If you answered "no," STOP; you need no of who you represent and go on to the next	ganization or a person other than yourself: Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e name
Name, address and telephone number of each	ach person or organization you are representing: Republicas	
tartia ar iku 🚗 ara ar 1996a ya 1997a ya 1996a a ta jili ta ara ta ar iku 🚾 1997a ya ta iku kati iku		
Madison, WI	53706	
Are you being paid for your representation		
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question.)	id duties for this person or organization?	he nexi
Information Hearin	ommon Council) 5 minutes ng3 minutes 3 minutes	

Date: <u>09/2/1/0</u>



DO NOT WISH TO SPEAK FORM

Registration Statement	Common C	<u>ouncil</u>
Please Print	PLEASE	PRINT NAME CLEARLY
	Name	Joe Antalik
Agenda No	Address	2355 University Ave #468 Mulison, WF 537210
		Mulison, WF 5372ie
Please check the appropriate box:		Please check the appropriate box:
∑ Support ☐	AND	Do not wish to speek
Oppose l		Do not wish to speak
Neither Support Nor Op	pose	
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 of Name, address and telephone number of each University of Wiscousin College Po Box 260032	t complete the rest question.) h person or organi	of this form. If you answered "yes," provide the name zation you are representing:
PO Box 260032		
Medison, WI 53700		
Are you being paid for your representation?		☐ Yes XNo
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	l duties for this per t complete the res	son or organization?
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes



Date: 9/21/10

Registra	tion Statement -	Common C	<u>ouncil</u>		
Please Print		PIFASE	PRINT NAME CLE	ADIV	
Agenda No		Name Address	Augssa Mor 118 N. Broc Madison, w	jer biks St. A	pt.A
Please check	one:	AND	Please chec	:k:	
Support Oppose			Do not	t wish to spe	ak
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10 box 8	740032 .WI 5370l	0			
Are you being paid t	or your representation?			☐ Yes 🖹	No
	s part of your other paid o," STOP; you need not			☐ Yes	No
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		minutes		



Date:

CITY OF MADISON

Registrat	ion Statement - ַ	COMMITTEE	ouncil		
Please Print Agenda No.	65	Name	PRINT NAME CLE Latie McM 640 E. Sol Madise	illan Innson-	<u>S</u> L
Please check o	ne:	AND	Please che	ck:	
Support Oppose Neither S	upport Nor Op	pose	Do not	t wish to s	speak
(If you answered "no of who you represent	ou representing an orga "STOP; you need not and go on to the next q lephone number of each	complete the rest of uestion.)	this form. If you ans	wered "yes,"	
Are you being paid fo				Yes	∑ No ∑ No
	part of your other paid "STOP; you need not			☐ Yes wered "yes,"	
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	**************************************	ninutes		

Date: 9/21/10



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	Common Committee	ouncil		
Please Print					
		PLEASE	PRINT NAME CLE	ARLY	
	/ 5	Name _	Jason P. L	ierk	
Agenda No.	<u>(</u> 2)	Address _	G40 E. Johns	son St	Ap+ 8
			Madsa. 1	<u> </u>	<u>3</u>
Please check o	ne:	AND	Please chec	k:	
Support			Do not	wish to	speak
Oppose					
Neither S	Support Nor Op	pose			
of who you represent	o," STOP; you need not t and go on to the next q elephone number of eac	uestion)			provide the name
Are you being paid f	or your representation?			Yes	□ No
	s part of your other paid o," STOP; you need not			☐ Yes wered "yes,'	☐ No ' go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		minutes		

Date: 09/21/10



DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Common Committee	ouncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No65			Sanuel Sca 313 Elson Bra Mod3m WI		id Elm Ør
Please check o	ne:	AND	Please chec	k:	
⊠ Support			Do not	wish to	speak
Oppose					
Neither S	upport Nor Op	pose			
(If you answered "no of who you represent	ou representing an orga," STOP; you need not and go on to the next questions of eac	t complete the rest of the complete the rest of the complete the compl	of this form If you answ		No Y provide the name
Are you being paid fo	r your representation?			☐ Yes	⊠ No
	part of your other paid "STOP; you need no			☐ Yes wered "yes,'	☑No " go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3	minutes		



Date:

CITY OF MADISON

Registrat	ion Statement - ַ	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CL	.EARLY	
Agenda No. 60		Name	Scott Re 561 Mendet Madroon	surck	40 ₁ 3 <i>70</i> 3
Please check the ap	propriate box:		Please check	the appropriate box:	
✓ Support✓ Oppose		AND	Do n	not wish to spea	ak
	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an orga o," STOP; you need not t and go on to the next q elephone number of eac	t complete the rest of the complete the rest of the complete the compl	of this form. If you a	nswered "yes," provide	
Are you being paid I	for your representation?			☐ Yes ☐ No)
	s part of your other paid o," STOP; you need no			☐ Yes ☐ No answered "yes," go on t	
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		

照台 Madison

DO NOT WISH TO SPEAK FORM

Date: Sept 21, 2010

Registrat	ion Statement - ַ	Common C	ouncil		
Please Print			PRINT NAME CLE	ARLY	
Agenda No. 6	S	Name Address	Springton	Recould Madison, WI	N bigg
Please check o	ne:	AND	Please chec	:k:	
⊠ Support			🔀 Do not	wish to speak	
Oppose					
(If you answered "no of who you represent	and go on to the next q	complete the rest uestion)	n other than yourself: of this form. If you answ zation you are represent	☐ Yes ☐ No wered "yes," provide th ing:	e name
	r your representation?			☐ Yes ☐ No	
Are you appearing as (If you answered "no question.)	part of your other paid "STOP; you need not	duties for this pers complete the rest	son or organization? of this form. If you ans	☐ Yes ☑ No wered "yes," go on to ti	he next
Speaking Limits:	Public Hearing (Com- Information Hearing Other Items		3 minutes		



Date: 9/21/10

DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No.	65	Name	Evin Met 101N Blooks Madison, V	St #1	
Please check o	ne:	AND	Please chec	k:	
SupportOpposeNeither S	Support Nor Op	pose	∑ Do not	wish to s	speak
(If you answered "no of who you represent	ou representing an orga o," STOP; you need not and go on to the next q dephone number of eac	t complete the rest o nuestion)	f this form. If you answ		⊠No provide the name
Are you appearing as	or your representation? part of your other paid "STOP; you need not			☐ Yes ☐ Yes vered "ves."	No No No on to the next
question.) Speaking Limits:	Public Hearing (Com Information Hearing Other Items	ımon Council)5 1	ninutes ninutes	- cu yes,	SV VII TO THE HEXT



Date: 9/21/2010

Registration Statement -	Common Committee	ouncil
Please Print	DIEASE	PRINT NAME CLEARLY
Agenda No. 65	Name Address	Cody Uslenson 1700 Obsenutory Drive
		Madion, WI 52706
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose Oppose		
☐ Neither Support Nor Op	pose	
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 quality and the standard standards and telephone number of each and standards and standards and standards.	t complete the rest of nuestion.) h person or organization.	of this form. If you answered "yes," provide the name ation you are representing:
333 E Campus	Mall	
Are you being paid for your representation?		☐ Yes Xo
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes

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J.	H	Í	<u>}</u> _	
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Date: 9/21/)0

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common C	ouncil		
Please Print Agenda No.		Name -	PRINT NAME CLE. DOTAL Zinn TZ]) Mond Medson, WI		
Please check of Support Oppose Neither S	ne: upport Nor Op	AND	Please chec	ck: t wish to	speak
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Are you being paid for Are you appearing as (If you answered "no,	part of your other paid		on or organization? of this form. If you ans	☐ Yes ☐ Yes wered "yes,	⊠No ☐ No "go on to the next
question.) Speaking Limits:	Public Hearing (Com Information Hearing Other Items	nmon Council) 5 3	minutes minutes		