

Date: 2-27-07

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

05413

PLEASE PRINT CLEARLY

Agenda No. 53

Name Gary Gruetzmacher
Address 801 Elm St.
Madison WI 53715

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 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 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

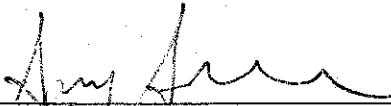
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 2-27-07

Signature 
Print Name Gregory Covefankly

Date: 2-27-07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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05413

PLEASE PRINT CLEARLY

Name JOEL MARINO

Address 214 WEST SHORE DR

Agenda No. <u>#53</u>

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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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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 Other Items..... 3 minutes

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REGISTRATION STATEMENT - PAGE 2

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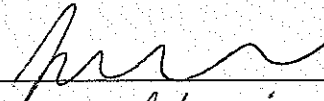
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Date 2-27-07

Signature 
Print Name Joel Marino

Date: 2/27/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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05413

PLEASE PRINT CLEARLY

Name Seth Nicholson

Address 806 West Shore Dr

Agenda No. <u>#53</u>

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- 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 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.)

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REGISTRATION STATEMENT - PAGE 2

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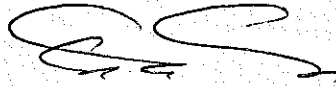
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Date _____

Signature



Print Name

Seth Nicholson

Date: _____

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

0539205413

PLEASE PRINT CLEARLY

Agenda No. <u>7+53</u>

Name HARVEY TEMKIN

Address 2313 SUGAR RIVER RD,
VERONA, WJ

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 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:
SJM Health Care - 258-6730

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.)

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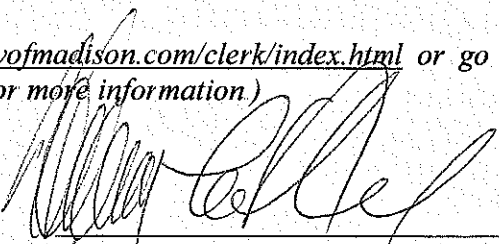
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Date 2/27/07

Signature 
Print Name HARVEY L. TENKIDA

Date: 2-27-07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05392, 05413

PLEASE PRINT CLEARLY

Name Dennis Davidsaver

Address 624 West Shore Dr.
Madison 53715

Agenda No. 7453

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 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:

n/a

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.)

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Signature _____

Print Name _____

Date: 2/27/07

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05392, 05413

PLEASE PRINT CLEARLY

Name Tim Anderson

Address 717 John Nolen Drive

Madison, WI 53710

Agenda No. 7 and 53

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 organization or a person other than yourself: Yes No
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Name, address and telephone number of each person or organization you are representing:

SSMHC

Are you being paid for your representation? Yes No

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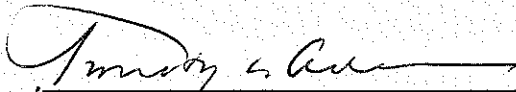
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Date 2/27/07

Signature 

Print Name Tim Anderson