

Date: 5-17-05

**City of Madison  
Registration Statement - Common Council**

*You must register before the Council considers your item.*

Please Print

**PRINT NAME CLEARLY**

01041 & 01054

44, ~~4~~

Agenda No. 45

Name CHARLES LITWEILER

Address 5 LUKKEN COURT  
MADISON WI 53704

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- 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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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 ..... 5 minutes  
 Information Hearing ..... 5 minutes  
 Other Items ..... 3 minutes

(See Back)

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 question.)*

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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 \_\_\_\_\_

Date: 5.17.5

### City of Madison Registration Statement - Common Council

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**PRINT NAME CLEARLY**

01054

Agenda No. 45

Name Kathy Smith

Address 2579 Petersberg Ct  
Madison, WI 53719

Please check the appropriate boxes:

**Support**

Wish to speak

Do not wish to speak

Available to answer questions

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

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(See Back)

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 05-17-05

### City of Madison Registration Statement - Common Council

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**PRINT NAME CLEARLY**

01054

Agenda No. 45

Name ENRIQUE GRANADA

Address 1 W MAIN ST.  
MADISON WI 53703

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- 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:

M & I BANK

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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 ..... 5 minutes
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- Other Items ..... 3 minutes

(See Back)

Registration Statement - Page 2


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Date 05-17-05 Signature   
Print Name ENRIQUE GAMBARA

Date: 5.17.5

### City of Madison Registration Statement - Common Council

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Please Print

**PRINT NAME CLEARLY**

01054

Agenda No. 45

Name Peter Munoz

Address 4102 Meadow Valley Dr  
Madison 53704

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- 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:

Centro Hispano, Inc

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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.....5 minutes  
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(See Back)

Registration Statement - Page 2

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*(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 question.)*

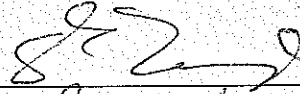
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Date \_\_\_\_\_

Signature



Print Name

Peter Munoz



Date: 5/17/05

### City of Madison Registration Statement - Common Council

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Please Print

**PRINT NAME CLEARLY**

01054

Agenda No. 45

Name JEFF McALISTER  
 Address 201 W. Washington Ave  
Madison, 53701

Please check the appropriate boxes:

**Support**  
 Wish to speak  
 Do not wish to speak  
 Available to answer questions

**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:

WAEDA

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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 ..... 5 minutes  
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(See Back)

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

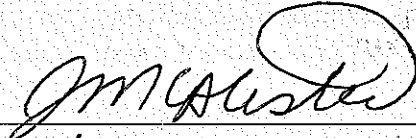
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date 5/17/05

Signature 

Print Name JEFF MCAISTER

Date: MAY 17, 2005

### City of Madison Registration Statement - Common Council

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Please Print

**PRINT NAME CLEARLY**

01054

Agenda No. 45

Name JUSTIN MOG

Address 315 N. INGERSOLL ST.  
MADISON, WI 53703

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- 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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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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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 5-17-05

### City of Madison Registration Statement - Common Council

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Please Print

**PRINT NAME CLEARLY**

01054

Agenda No. <u>45</u> CDBG # <u>loan/rehab</u>
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Name Marsha Rummel

Address 1618 Jenifer St  
Madison WI 53704

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- 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," 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: 5/17/05

### City of Madison Registration Statement - Common Council

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01054

Agenda No. 45

**PRINT NAME CLEARLY**

Name SATYA RHODES - CONWAY

Address 1918 E. MAIN ST. #1  
MADISON WI 53704

Please check the appropriate boxes:

**Support**

Wish to speak

Do not wish to speak

Available to answer questions

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

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_



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### City of Madison Registration Statement - Common Council

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**PRINT NAME CLEARLY**

01054

Agenda No. 45

Name Brian Pruksa

Address 575 Toeffer Ave  
Madison, WI 53711

Please check the appropriate boxes:

**Support**

Wish to speak

Do not wish to speak

Available to answer questions

**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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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

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### City of Madison Registration Statement - Common Council

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**PRINT NAME CLEARLY**

01054

Agenda No. 45

Name Susan Nossal

Address 138 W. Gorham St  
Madison, WI 53703

Please check the appropriate boxes:

**Support**

Wish to speak

Do not wish to speak

Available to answer questions

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

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

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### City of Madison Registration Statement - Common Council

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01054

Agenda No. <u>45</u>
----------------------

**PRINT NAME CLEARLY**

Name Stephen Burns

Address 138 W Gorham  
Madison

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- Oppose**
- Wish to speak
  - Do not wish to speak
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Signature \_\_\_\_\_

Print Name \_\_\_\_\_