



Date: 9/20/11

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 36617

Name Nathan Royko Maurer
Address 509 S. Baldwin St. Apt 1
53703

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

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? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limits: Public Hearing (Common Council).....5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 9/20/16

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 36617

Name Amelia Royko Mauder
Address 509 S. Baldwin St. Apt 1
53703

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

At this meeting are you representing an organization or a person other than yourself? Yes No
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CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 36617

Name Gregory Gelembiuk
Address 1207 Jenifer St
Madison WI 53703

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Do not wish to speak

At this meeting are you representing an organization or a person other than yourself: Yes No
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Print Name _____



Date: 9-20-2016

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 36617

Name Mary Sanderson
Address 513 Yorktown
DeForest

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak
Support for the vulnerable ultimately makes us ALL safer.

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:
Madison Branch Women's Int'l League for Peace & Freedom
Box 2957 Madison 53704

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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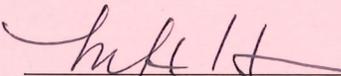
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Date 9-20-2016

Signature 

Print Name Mary H. Sanderson



Date: 9/20/13

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 15-point plan

PLEASE PRINT NAME CLEARLY

Name Betsy Day

Address 6429 Maywood Ave.

Please check one:

AND

Please check:

Support

Do not wish to speak

Oppose

Neither Support Nor Oppose

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Signature _____

Print Name _____



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CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. _____

Name Michelle Hicks
Address 18 Woodridge Ct #6
Madison WI 53704

Please check one:

AND

Please check:

Support

Do not wish to speak

Oppose

Neither Support Nor Oppose

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Registration Statement - Common Council
COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. 36617

Name Susan Millar
Address 2233 Rowley Ave.
Madison, 53726

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

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COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 36617

Name Rachel Kincade

Address 6343 Phasant Ln #66
Middleton, WI 53562

Please check one:

AND

Please check:

Support

Do not wish to speak

Oppose

Neither Support Nor Oppose

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COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 36617

Name Heather Haberman
Address 312 W. Cook St.
Portage, WI 53901

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

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CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. gun violence prevention

Name Tammi Brown
Address 5422 Katil Lane
Madison, WI 53709

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

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Date 9/20/16

Signature 
Print Name Tamara Brown