

Date: 4/19/05

### City of Madison Registration Statement - Common Council

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

Please Print

**PRINT NAME CLEARLY**

Agenda No. <u>39</u>
----------------------

Name BARBARA M. ALVARADO  
 Address 120 S. MILLS ST  
MADISON, WI 53715

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.)*

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  
Registration Statement - Common Council**

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**PRINT NAME CLEARLY**

Agenda No. <u>39</u>
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Name Patrick Hickey  
 Address 2217 Sommers Ave.  
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:

Interfaith Coalition for Worker Justice of South Central Wisconsin  
2300 S. Park Street  
Madison, WI 53713

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

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

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**PRINT NAME CLEARLY**

Agenda No. <u>39</u>
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Name Sara Shapiro  
 Address 6635 Century Ave #10  
Middleton, WI 53562

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:

INTERFAITH COALITION FOR WORKER JUSTICE  
2300 S. PARK ST, STE 6, MADISON 255-0376

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

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**City of Madison  
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**PRINT NAME CLEARLY**

Agenda No. 39

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  
*(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.)*

Speaking Limits: Public Hearing ..... 5 minutes  
Information Hearing ..... 5 minutes  
Other Items ..... 3 minutes

(See Back)



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Signature \_\_\_\_\_

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



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

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Please Print

**PRINT NAME CLEARLY**

Agenda No. 39

Name LIANA DALTON

Address 218 S CHARTER APT #3

MADISON, WI 53715

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 \_\_\_\_\_

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### City of Madison Registration Statement - Common Council

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**PRINT NAME CLEARLY**

Agenda No. <u>39</u>
----------------------

Name Kim Lampereur  
 Address 147 W Wilson St #4  
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.)*

Speaking Limits: Public Hearing..... 5 minutes  
 Information Hearing..... 5 minutes  
 Other Items..... 3 minutes

(See Back)

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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

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**PRINT NAME CLEARLY**

Agenda No. <u>39</u> <u>Swcabsnop</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:

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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

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Agenda No. 39

Name Christina Vega - Westhoff  
Address 117 W. Dayton #1  
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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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..... 5 minutes  
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**PRINT NAME CLEARLY**

Agenda No. <u>39</u>
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Name David E Alvarado

Address 120 S Mills  
Madison, WI 53715

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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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  
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Speaking Limits: Public Hearing ..... 5 minutes  
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Signature \_\_\_\_\_

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

**City of Madison  
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**PRINT NAME CLEARLY**

Agenda No. 39

Name Ann Todd  
Address 134 W. Gorham St. Apt. 8  
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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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Signature \_\_\_\_\_

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

### City of Madison Registration Statement - Common Council

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**PRINT NAME CLEARLY**

Agenda No. <u>39</u>
----------------------

Name Mike Quire  
 Address 533 W. Main #108  
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:

Teaching Assistants' Association  
254 W. Gilman Madison WI 53703  
(608) 843-1773

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 \_\_\_\_\_



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**PRINT NAME CLEARLY**

Agenda No. <u>39</u>
----------------------

Name Liza Collins  
 Address 115 Orchard St #305  
Madison, WI 53715

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:

University Wisconsin - Madison Masters in Social Work program

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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Public Hearing .....	5 minutes
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Date

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Signature



Print Name

\_\_\_\_\_