

Date: 11/15/2011

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: DAVID RHODE

Address: 6402 Milwaukee St #103  
Madison WI 53718

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>I</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

**REGISTRATION STATEMENT - PAGE 2**

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.)*

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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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: \_\_\_\_\_

**CITY OF MADISON**  
**Registration Statement - Common Council**  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: Anna Schryver

Address: 110 Blue Ridge Pkwy  
Madison 53705

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN	
↓	↓	↓
Amendment No. <u>1</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Parkwood Hills Neighborhood Association  
6410 Antietam Lane  
Madison 53705

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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Yes  No

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Date 11/15/11

Signature Anna Schyver

Print Name Anna Schyver



Date: 11/15/11

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Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: Brenda Konkel

Address: 30 N Hancock St  
Madison WI 53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>5</u>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>17</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>16</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>20 a &amp; b</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>21</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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**REGISTRATION STATEMENT - PAGE 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

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PLEASE PRINT CLEARLY

Name: Kevin Wyrose

Address: 1422 Lucy Ln  
Madison, WI

ENTER AMENDMENT NUMBER      CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN	
Amendment No. <u>13</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>20 A</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>20 B</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

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**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: Maureen Mulroy

Address: 218 N Pinckney St  
Madison WI 53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/15/11

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Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: GARY MOLL

Address: 2838 Progress RD  
MADISON WI, 53716

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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Yes  No

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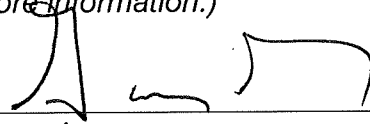
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Date 11/15/11

Signature



Print Name

GARY MOLZ



Date: 11-18-2011

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Paul Reilly

Address: 1218 Alexandria Loop  
Madison WI 53715

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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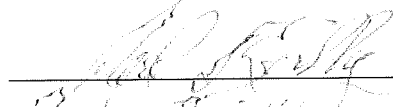
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Date 11-18-2011

Signature   
Print Name Paul Griffin

Date: 11-15-11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: STEVE BREITOW

Address: 1602 S PARK STREET  
MADISON

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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Date 11-15-11

Signature 

Print Name STEVE BRATTON

Date: \_\_\_\_\_

**CITY OF MADISON**  
**Registration Statement - Common Council**  
**2012 CAPITAL BUDGET**

***You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.***

PLEASE PRINT CLEARLY

Name: TOM ZIARNIK

Address: 9225 EAGLEWOOD DR.  
VERONA WI 53593

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11-15-11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: PETER OSTLIND

Address: 533 W. Main St.  
MADISON

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Bill Haight

Address: 2718 Dryden Dr.  
Madison, WI 53704

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



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**REGISTRATION STATEMENT - PAGE 2**

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

Greater Madison Convention and Visitors Bureau  
615 E Washington Ave Madison

Are you being paid for your representation?

Yes  No

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: \_\_\_\_\_

**CITY OF MADISON**  
**Registration Statement - Common Council**  
**2012 CAPITAL BUDGET**

***You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.***

PLEASE PRINT CLEARLY

Name: BILL WELLMAN

Address: 601 LANGDON ST.  
MADISON, WI 53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: NOV 15, 2011

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: Fred Mohs

Address: 512  
500 Wisconsin  
Avenue

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11-15-11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: JUDY KAROFSKY

Address: 377 N. PINCKNEY ST  
MANSION HILL

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: \_\_\_\_\_

**CITY OF MADISON**  
**Registration Statement - Common Council**  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: PHIL BALL

Address: 428 N. MAIN ST.

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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*(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)*

**REGISTRATION STATEMENT - PAGE 2**

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: 11-15-11

# Early Public Comment Registration Statement - Common Council 2012 CAPITAL BUDGET

**This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Franny Ingebritson

Address: 516 Wisconsin Ave. #1  
53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> 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:

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Are you being paid for your representation?  Yes  No

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: \_\_\_\_\_

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Andy Stebnitz

Address: 915 Waban Hill  
Madison 53711

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 15 Nov 11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

*You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.*

PLEASE PRINT CLEARLY

Name: Robert KLEBA

Address: 1213 E Mifflin St  
53703

ENTER AMENDMENT NUMBER      CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 11/15

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

*You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.*

PLEASE PRINT CLEARLY

Name: Bob Dunn

Address: 515 Inwell Drive  
MADISON WI

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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

Hammes Company

Are you being paid for your representation?

Yes  No

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Date 11-15-11

Signature 

Print Name ROBERT D ANN

Date: \_\_\_\_\_

**CITY OF MADISON**  
**Registration Statement - Common Council**  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: DAVID MOLLENHOFF

Address: 1501 MORRISON ST.  
MADISON, WI 53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: \_\_\_\_\_

**CITY OF MADISON**  
**Registration Statement - Common Council**  
**2012 CAPITAL BUDGET**

***You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.***

PLEASE PRINT CLEARLY

Name: JIM IMHOFF

Address: 2124 WAUNONA WAY  
MADISON 53713

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN	
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

GREATER MADISON CHAMBER OF COMMERCE

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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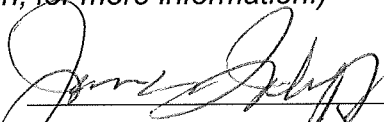
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Date 11/15/11

Signature



Print Name

JIM IULIANO

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Levell Zellers

Address: 510 N. Carroll St.

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: \_\_\_\_\_

**CITY OF MADISON  
Registration Statement - Common Council  
2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

*Greater Madison Chamber*

PLEASE PRINT CLEARLY

Name: Jennifer Alexander

Address: \_\_\_\_\_  
\_\_\_\_\_

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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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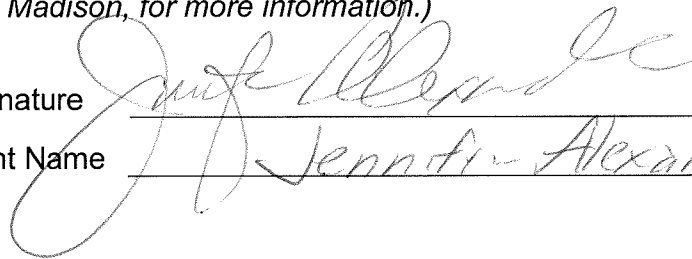
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Date \_\_\_\_\_

Signature



Print Name

\_\_\_\_\_  
Jennifer Alexander

Date: 11-15-11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name:

Susan Schmitz

Address:

210 Marinette Tr

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>#17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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

PMI  
122 W. Wash.

Are you being paid for your representation?

Yes  No

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Date 11-15-11

Signature Susan Schmitz  
Print Name \_\_\_\_\_

Date: Nov 15, 2011

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Carole Schaeffer

Address: 282 Alpine Meadow Cir  
Oregon, WI 53575

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
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(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Smart Growth Greater Madison 701 e wash ave  
ste 107 Madison, WI 53703 608-608-2005

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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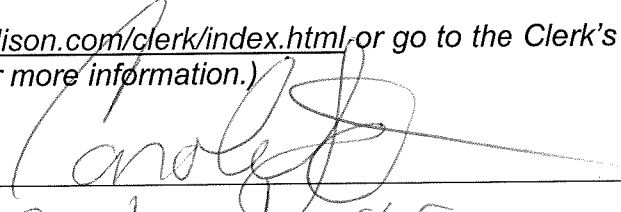
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Date 11-15-11

Signature



Print Name

Carol Schaefer

Date: 11/15/2011

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Alycia Kaplan

Address: 636 Langdon St.  
Madison, WI 53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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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Date 11/15/2011

Signature 

Print Name Alycia Kaplan



Date: 15 Nov 2011

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY.

Name: Gary L. Peterson

Address: 710 Marinette Tr  
Madison, WI

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 10/15/2011

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Andrew Schneider

Address: PO Box 260319  
Madison 53726

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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

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Yes  No

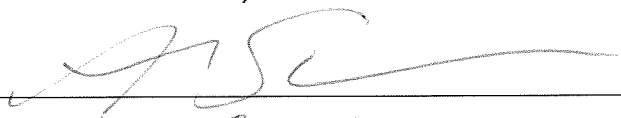
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Date 11/15/2011

Signature 

Print Name Andrew Schneider

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Kevin Schiesser

Address: 225 East Lakelawn Place  
Madison, WI 53702

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN	
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REGISTRATION STATEMENT - PAGE 2

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

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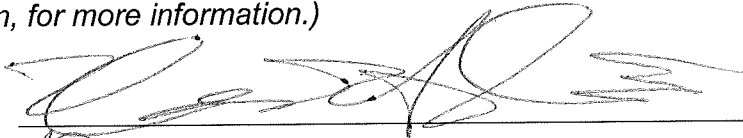
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Date 11/15/11

Signature   
Print Name Ron Schickel

Date: 11-15-2012

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: John Jacobs

Address: 2630 KENDALL AVE

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN	
Amendment No. <u>17</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 11-15-11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: Dennis Welch

Address: 4505 W. 125<sup>th</sup> St.  
Alsip, IL, 60803

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11-15-11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: SHARON KILFISY

Address: 1020 WILLIAMSON

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: JOHN MARTENS

Address: 418 HEGG AVE  
MADISON

ENTER AMENDMENT NUMBER      CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11-15-11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

*You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.*

PLEASE PRINT CLEARLY

Name: RON HANKO

Address: 5202 MONUMENT LANE  
MADISON, WI 53704

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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

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Yes  No

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Date 11-15-11

Signature 

Print Name Ron HANKO



Date: 11/15/2011

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: Gary Stebnitz

Address: 915 Waban Hill  
Madison, WI 53711

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN	
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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11-15-11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Scott Watson

Address: 1602 S Park St  
Madison WI 53716

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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

Carpenter Local 314  
1602 S Park St (608) 257 4220  
Madison WI 53716

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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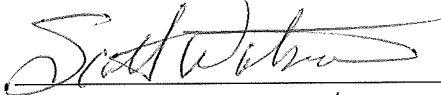
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Date 11-15-11

Signature 

Print Name Scott H. Watson

Date: 15 Nov 11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: KIM DONOVAN

Address: 531 B No. PINCKNEY ST  
MADISON WI 53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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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Date 11/15/11

Signature   
Print Name KIM W. DONOVAN

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Delora Newton

Address: 615 E Washington Ave  
Madison WI 53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Greater Madison Chamber  
615 E Washington Ave  
Madison 53701

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 11/15/11

Signature 

Print Name Debora Newton



Date: 11-15-11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Scott Watson

Address: 6217 Piedmont Rd  
Madison WI 53711

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

**REGISTRATION STATEMENT - PAGE 2**

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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Date 11-15-11 Signature   
Print Name Scott Watson

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Lynne M. Faulkner

Address: 205 Del Mar Drive  
Madison, WI 53704

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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**REGISTRATION STATEMENT - PAGE 2**

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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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/15/14

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Scott Faulkner

Address: 668 WIS. Ave.  
MADISON, WI 53704

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: November 15, 2011

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: HAMANG PATEL

Address: 1110 Seminole Highway  
Madison, WI 53711

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Landmark X, LLC  
22 E. Mifflin St. Suite 800  
Madison, WI 53703

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.)

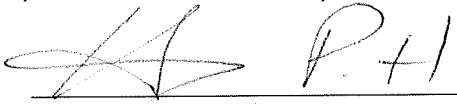
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Date 11-15-2011 Signature   
Print Name HAMANG PATEL



Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Craig McDowell

Address: 1280 Prospect Commons  
Sun Prairie WI

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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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Date 11/13/11

Signature Craig McDowell

Print Name Craig McDowell

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: PAUL ZIMMER

Address: 1438 N STOUGHTON RD  
MADISON, WI 53714

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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.)*

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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Date 11/15/11

Signature   
Print Name PAUL ZIMMER

Date: \_\_\_\_\_

**CITY OF MADISON  
Registration Statement - Common Council  
2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Corey McGovern

Address: 1438 N. Stoughton Rd  
Madison 53714

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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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," provide the name of whom you represent and go on to the next question.)

**REGISTRATION STATEMENT - PAGE 2**

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Cory Stearn

Address: 1438 N Sloughston rd  
Madison WI 53714

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Mark Linsmeter

Address: 1438 N. Stoughton Rd  
Madison WI

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN <sup>53714</sup>

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 01/10/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Joel Kupstz

Address: 1602 S. Pearl St  
Madison 53715

ENTER AMENDMENT NUMBER      CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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**REGISTRATION STATEMENT - PAGE 2**

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11-15-11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Bernie Samz

Address: 1438 N. Stoughton Rd  
Madison, WI 53714

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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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Date 11-15-11

Signature 

Print Name Bernie J. Savage

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: TERRY NELSON

Address: 1438 N. STODOLSKY RD  
MADISON WI 53714

ENTER AMENDMENT NUMBER      CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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

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Date 11/15/11

Signature 

Print Name TERRY NELSON



Date: 11-15-2014

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: Kent D Miller

Address: 1438 N Staughton Rd  
MADISON WI, 53714

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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

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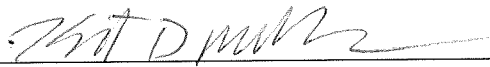
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Date 11-15-2011

Signature 

Print Name Kewt D MILLER

Date: 11-15-2011

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: DAN BURKE

Address: 1438 N. SToughton  
MADISON WI 53714

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN	
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/15/2011

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Leigh Mollenhoff

Address: 1501 Morrison

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

**REGISTRATION STATEMENT - PAGE 2**

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

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Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Steve Johnson

Address: 1438 N Staughton Rd  
Madison, WI 53597

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 11-15-11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: JAMES MEICHTER

Address: 438 S. SToughton RD  
MADISON, WIS

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11-15-2011

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

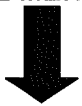
PLEASE PRINT CLEARLY

Name: Nicholas Henke

Address: 1438 Staughton Rd  
Madison WI 53597

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11-15-2011

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

*You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.*

PLEASE PRINT CLEARLY

Name: Roderick W Mezer

Address: 1438 Staughton Rd.  
Madison WI 53597

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11-15-2011

# Early Public Comment Registration Statement - Common Council 2012 CAPITAL BUDGET

**This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Ross Faulkner

Address: 666 Wisconsin Ave.  
Madison, WI 53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions <input checked="" type="checkbox"/> <u>No</u>
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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(SEE BACK)

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 11/15/11

**CITY OF MADISON**  
**Registration Statement - Common Council**  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Victor Rodriguez

Address: 211 Lathrop St  
Madison WI 53726

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN	
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Sharon Zelanika

Address: 18 High Point Woods Dr Apt 202  
Madison, WI 53719

ENTER AMENDMENT NUMBER      CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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Signature \_\_\_\_\_

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

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: Philip Santebin

Address: 6516 Harvest Moon Ct.  
Wauwatosa, WI 53597

ENTER AMENDMENT NUMBER      CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: JIM CARLEY

Address: 8501 OLD SAUK RD  
MADISON

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



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**REGISTRATION STATEMENT - PAGE 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 11-15-11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: Leonard Shelton

Address: 4702 S. Biltmore  
Mad. Wis. 53708

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11-15-11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: JERRY KLUBERTANZ

Address: 4702 BILTMORE  
MADISON WI 53718

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Ryan Ochthof

Address: 4702 S. Biltmore  
Madison, WI 53718

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Michael Engelberger

Address: 718 Post Rd  
Madison WI 53713

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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

~~City~~ Construction Labor Management Council  
718 Post Rd 608-271-5501  
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  
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Date 11/15/11

Signature   
Print Name Michael R. Engelberger



Date: 11-15-11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Dave Beck-Fuchs

Address: 921 Buena Vista Woodway  
Madison WI 53704

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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**REGISTRATION STATEMENT - PAGE 2**

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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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: \_\_\_\_\_

**CITY OF MADISON**  
**Registration Statement - Common Council**  
**2012 CAPITAL BUDGET**

***You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.***

PLEASE PRINT CLEARLY

Name: Craig Argall

Address: 1140 E. DAYTON ST  
MADISON, WI 53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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

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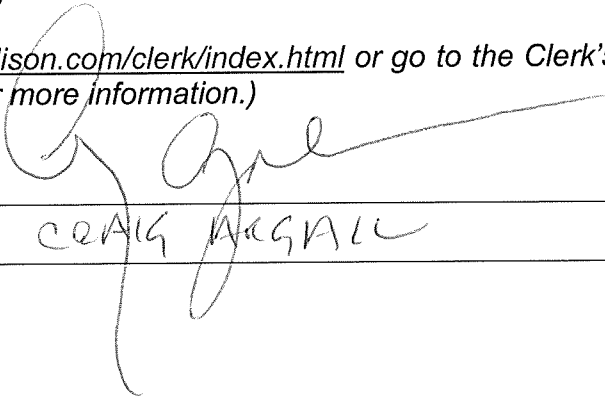
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Date 11-15-11

Signature

  
\_\_\_\_\_

Print Name

CRAG ARGALL

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Anthony Anastasi

Address: 1602 S. Park  
Madison, WI 53715

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11-15-11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: JOE JARDZEWSKI

Address: 1571 Luozy Dr  
SUN PRAIRIE, WI 53590

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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

FUPAT DC7 1-262-662-1827

Are you being paid for your representation?

Yes  No

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Date 11-15-11

Signature

Print Name

JOE JAZDEWSKI



Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: TIM SHERRY

Address: 4189 Rose Ct  
Middleton, WI 53562

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: \_\_\_\_\_

**CITY OF MADISON**  
**Registration Statement - Common Council**  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: David Waugh

Address: 1213 E Wifflin St  
53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Gary Mohoney

Address: 426 Hilltop Drive  
Madison, WI 53711

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11-15-2010

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: David Petery

Address: 1420 Martin

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>12</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

**REGISTRATION STATEMENT - PAGE 2**

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



08/08/2011

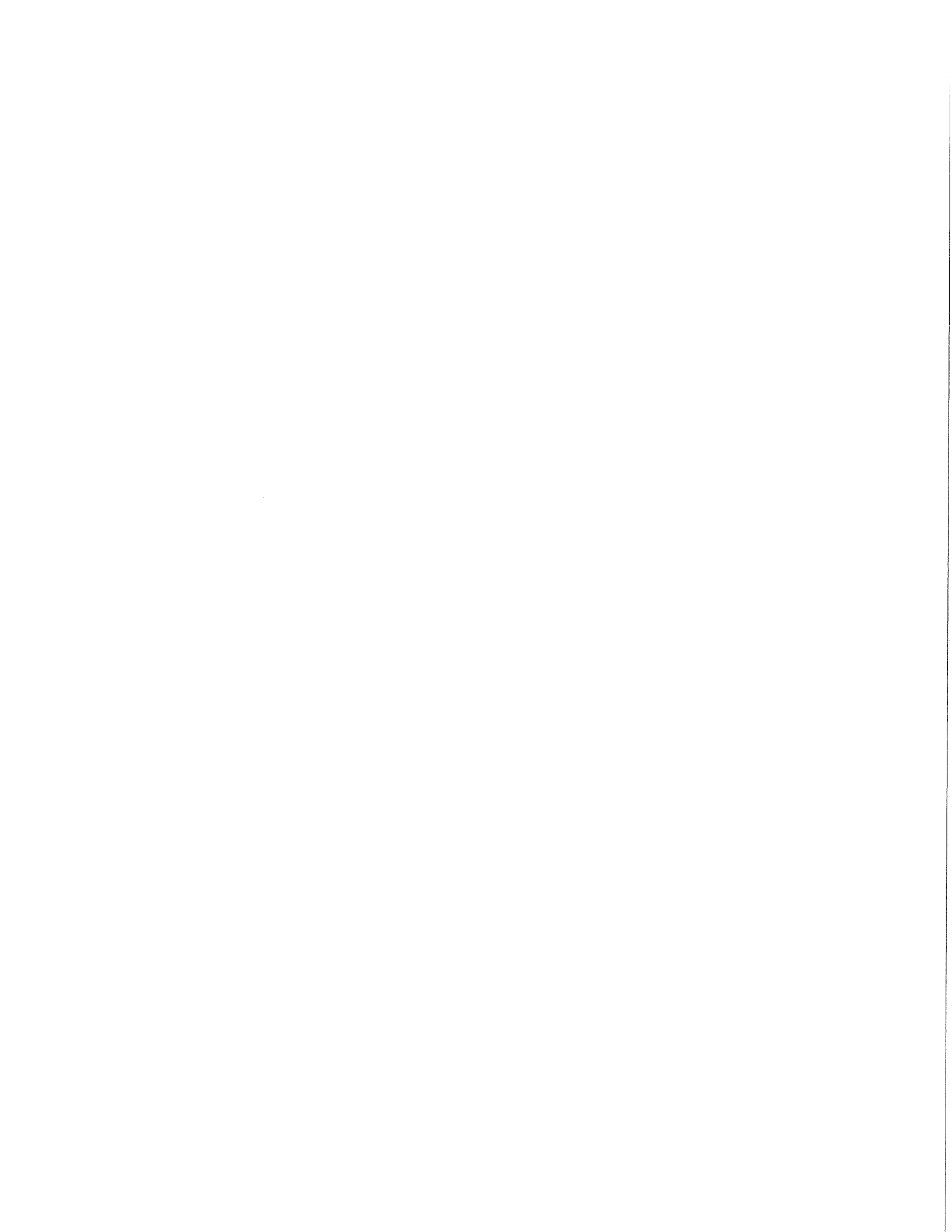
John Mathews telephone statement with Phil Ball.

John:

"I strongly believe that the great majority of the membership of MTI overwhelmingly opposes the Edgewater project and the use of TIF funds for this wholly inappropriate use of public dollars.

The Board of Education has expressed unanimous opposition to this project.

It should not have city support nor access to public funds, especially monies such as TIF that are clearly designated for schools, public infrastructure to eliminate blight and encourage development and services for those in need."



Date: 11/18/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: James Tye

Address: 602 EAST JOHNSON ST

ENTER AMENDMENT NUMBER      CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Jim Leonhart

Address: 850 E. Gorham  
Madison

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Steve Tumbush

Address: 3534 Timber Lane  
Cross Plains WI 53528

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: TIM VALENTYN

Address: \_\_\_\_\_  
\_\_\_\_\_

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11-17-11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: CHUCK LITWEILER

Address: 5 LUKKEN CT  
MADISON 53704

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: ROBERT A DUNN

Address: 1003 KETTVE COURT  
VERONA

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

*You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.*

PLEASE PRINT CLEARLY

Name: SARAH DUNN CREPENTER

Address: 10 E DOTY ST  
MADISON

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN	
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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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," provide the name of whom you represent and go on to the next question.)

**REGISTRATION STATEMENT - PAGE 2**

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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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: Nov. 15, 2011

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Stuart Zadra

Address: 5312 Lighthouse Bay Dr.  
Madison, WI 53704

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/15/14

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Jeff Mchrdoff

Address: 6920 Century Ave  
Middleton, WI 53562

ENTER AMENDMENT NUMBER      CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Painters Local 802 - 1571 Ivory Drive Sun Prairie, WI 53590  
608-834-1690

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: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Matthew C. Carlson

Address: Michael Best + Friedrich  
One S. Pinckney St., Suite 700  
Madison, WI 53701

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Landmark X, LLC

22 E. Mifflin St., Suite 800

Madison, WI 53701

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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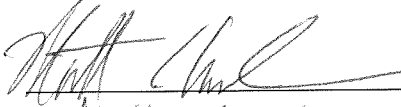
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Date 11/15/11

Signature 

Print Name Matthew C. Carlson

Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Michael S. Green

Address: Michael Best + Frisch LLP  
1 S. Pinckney, Suite 700  
Madison, WI 53701

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions
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22 E. Mifflin St.

Madison, WI 53701

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Date 11/11/11

Signature 

Print Name Michael S. Brown



Date: 11/15/11

CITY OF MADISON  
Registration Statement - Common Council  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Gary Presson

Address: 406 Laurel LA.  
Madison, WI.

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions
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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/15/2011

**CITY OF MADISON**  
**Registration Statement - Common Council**  
**2012 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: JOE McMeil

Address: 151 Kerestyan Dr.  
MADISON, WI 53704

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>17</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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**REGISTRATION STATEMENT - PAGE 2**

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/15/11

## Early Public Comment Registration Statement - Common Council 2012 CAPITAL BUDGET

***This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.***

***You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.***

PLEASE PRINT CLEARLY

Name: James Vock

Address: 1602 S Park St  
Madison WI 53715

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>Edgewater</u> <u>4177</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> 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:

Brackley & Allied Craftworkers  
1602 S Park St.  
Madison WI 53715

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.)

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

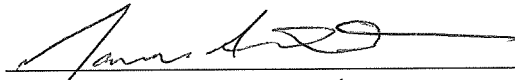
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(Please go to the City Clerk's website [www.cityofmadison.com/clerk/index.html](http://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 11/15/11

Signature   
Print Name James A Volk

Date: 11/16/10

CITY OF MADISON  
Registration Statement - Common Council  
**2011 CAPITAL BUDGET**

**You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.**

PLEASE PRINT CLEARLY

Name: Rick Marx

Address: N6826 ENGLISH SETTLEMENT RD  
ALBANY WI 53502

ENTER AMENDMENT NUMBER      CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>16</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

(SEE BACK)

UNPAID LOCAL GOV

REGISTRATION STATEMENT - PAGE 2

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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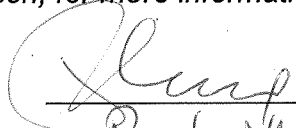
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Date 11/16/10

Signature   
Print Name Rick Marx