Date: 3/0/05

City of Madison Registration Statement - Common Council

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Agenda No		NameAddress	RICHARL 1625 CO, MADIS	MM, APITAL SON, W.	KING- - AVE T 537
Please check the ap	ppropriate boxes:				
Support Wish to		Þ	Oppose Wish to spe Do not wish Available to	eak h to speak o answer question	ns
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Name, address and	telephone number of each p	erson or organiza	tion you are represent	ing:	
Are you being paid	for your representation?			☐ Yes ☐] No
Are you appearing a (If you answered "n question.)	s part of your other paid du to," STOP; you need not co	ties for this person mplete the rest of	or organization? this form. If you ans	☐ Yes ☐ wered "yes," go] No on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 n	ninutes		

City of Madison Registration Statement - Common Council

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Agenda No		Name A	etricea & K 140 Capital Neclison, W	denecto.
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Please check the ap	ppropriate boxes:			
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Are you being paid	for your representation?			Yes No
Are you appearing a (If you answered "n question.)	as part of your other paid dut to," STOP; you need not con	ies for this person o mplete the rest of th	r organization? [] Y is form If you answered "	Tes No 'yes," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 min	utes	

City of Madison Registration Statement - Common Council

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Agenda No. /	(CapiblAri)	Name	Dougles 1626 Ca	post Are	1
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	you representing an organiz oo, "STOP; you need not co				No go on to the next
Name, address and t	elephone number of each po	erson or organization	on you are represen	ting:	
Are you being paid f	for your representation?			☐ Yes	☐ No
Are you appearing a (If you answered "naquestion)	s part of your other paid dut o," STOP; you need not co	ties for this person mplete the rest of t	or organization? his form. If you ans	☐ Yes swered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing Information Hearing		inutes		

Date: March 1, 2605

City of Madison Registration Statement - Common Council

Please Print		
Agenda No.		Name Victoria Tryllo Address 1609 (apital for Madisar, WI 53705
Please check the ap	propriate boxes:	15 Opposed to the current pla
At this meeting are (If you answered "r question)	wish to speak le to answer questions you representing an organiz to," STOP; you need not co	Oppose ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions Ition or a person other than yourself: ☐ Yes ☐ No Implete the rest of this form If you answered "yes," go on to the next It is not organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
		tes for this person or organization?
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes 5 minutes 3 minutes

Date: <u>3-0/-05</u>

City of Madison Registration Statement - Common Council

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Agenda No.		Name J aj	nbara Hom 49 Capital ? Padison Wi	perst:
		Address ///	48 CAPITAL 9	Hnl 53705
Please check the ap	propriate boxes:			
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	ole to answer questions		Available to answer q	uestions
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Are you appearing a (If you answered "r question.)	is part of your other paid dut to," STOP; you need not con	ies for this person or mplete the rest of the	r organization?	S No s," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items		utes	

Date: March 1,05

City of Madison Registration Statement - Common Council

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Agenda No.		Name Address	lichael Lon 648 Capita	nperski
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Are you being paid	for your representation?		☐ Yes	Йио
Are you appearing a (If you answered "n question)	ns part of your other paid dut to," STOP; you need not con	ies for this person or or mplete the rest of this f	rganization?	\square No ," go on to the next
Speaking Limits:	Public Hearing Information Hearing	5 minute		

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Flease Frint		
		Name U2 Freetich
Agenda No	Copral Hue	Address 1656 Capital Aue
		Name L12 Freetich Address 1656 Capital Are Mad (son)
Please check the ap	propriate boxes:	
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Do not	wish to speak	Do not wish to speak
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Name, address and	telephone number of each p	erson or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
Are you appearing a	as part of your other paid du	ties for this person or organization? Yes No
(If you answered "n question.)	o," STOP; you need not co	mplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing	5 minutes
	Information Hearing	
	Other Items	

City of Madison Registration Statement - Common Council

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Agenda No.	CAPITAL	Name	BARBAR, 1613 CA	L JOHN PITAL	NOS
Please check the ap	ppropriate boxes:				
At this meeting are (If you answered ", question)	o speak wish to speak ole to answer questions you representing an organize no, "STOP; you need not contelled the second telephone number of each person of each person or speak telephone number of each person or speak telephone number of each person or speak	mplete the rest of t	her than yourself: his form If you ans	answer question Yes wered "yes," go	ıs ∃No
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Please Print				
		Name 🔼	Hleen Lindos	
Agenda No.		Address 6	43 CAPITAL A	,ve.
		<u>M</u>	ADISON	
Please check the ap	propriate boxes:			
	o speak wish to speak ole to answer questions	X	Oppose Wish to speak Do not wish to speak Available to answer quest	ions
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Name, address and	telephone number of each pe	erson or organization	you are representing:	
Are you being paid	for your representation?		Yes	□No
Are you appearing a (If you answered "n question.)	ns part of your other paid dut to," STOP; you need not co.	ies for this person or mplete the rest of this	organization? Yes s form. If you answered "yes,"	□ No go on to the next
Speaking Limits:	Public Hearing	5 minu	ites	
	Information Hearing	5 minu	ites	
	Other Items	3 minu	ites	

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Date	\bigcirc -1	$-\omega$	
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Agenda No. /		Name Address	tam Mash 1621 Capital	
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Please check the appropriate	boxes:			
Support Wish to speak Do not wish to speak Available to answered "no," STO question.)	wer questions esenting an organization o	$\bigsqcup A$	ose Vish to speak o not wish to speak vailable to answer que vourself: Yes If you answered "yes,	□No
Name, address and telephone	number of each person o		representing:	
Are you being paid for your r	representation?		☐ Yes	MNo
Are you appearing as part of (If you answered "no," STO question.)	your other paid duties for P ; you need not complete	this person or organize the rest of this form. I	ation? Yes If you answered "yes,	X No "go on to the next
Inform	c Hearing mation Hearing	5 minutes 5 minutes		

City of Madison Registration Statement - Common Council

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Agenda No	Cap.Ave	Name Alexander Shashles Address 13 Veb len Place Madison, WI 53705
Please check the ap	propriate boxes:	
At this meeting are (If you answered "requestion.)	wish to speak ble to answer questions you representing an organiza no," STOP; you need not con	Oppose Wish to speak Do not wish to speak Available to answer questions The property of the
Are you being paid	for your representation?	☐ Yes ☐ No
		es for this person or organization?
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes 5 minutes 3 minutes

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Date.		<i>,</i> –	ч.	100	

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Agenda No. <u>リ C</u> A	prital <u>due</u>	Name Address	MICHAEL 1667 CAPI MADISON		
Please check the appropr	riate boxes:			ωv	33205
At this meeting are you in (If you answered "no," in question)		olete the rest	of this form. If you answe	o speak nswer qu Yes red "yes	∅ No
Are you being paid for yo	our representation?			☐ Yes	□No
	t of your other paid duties STOP; you need not comp			☐ Yes red "yes	☐ No ," go on to the next
In	ublic Hearing. Iformation Hearing ther Items		minutes minutes minutes		

City of Madison Registration Statement - Common Council

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Agenda No.	II ContR	Name Alism Craig Address 13 Veblen Pl	
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(If you answered "i question)	no," STOP; you need not con	tion or a person other than yourself: Yes No nplete the rest of this form. If you answered "yes," go on to the ne son or organization you are representing:	xt
Are you being paid	for your representation?	☐ Yes ÞNo	
Are you appearing a (If you answered "n question)	ns part of your other paid dutino," STOP ; you need not con	es for this person or organization? Yes No plete the rest of this form. If you answered "yes, go on to the nex	κt
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes 5 minutes 3 minutes	

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Date.				- -		3		

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Agenda No		Name <u>/</u> Address <u>5</u>	MARY LIN 5809 JU MADISOM	DQuisT CIA SI Wis	3705
Please check the ap	propriate boxes:				
At this meeting are (If you answered "a question.) Name, address and	o speak wish to speak ole to answer questions you representing an organization," STOP; you need not contact telephone number of each pe	nplete the rest of	Wish to s Do not wi Available ther than yourself: this form. If you a	ish to speak to answer que Yes nswered "yes,	□No
Are you being paid	for your representation?			☐ Yes	∕∕No
	ns part of your other paid duti no," STOP ; you need not con			☐ Yes nswered "yes,	No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 m	ninutes		

City of Madison Registration Statement - Common Council

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Agenda No/		Name GAM ε. NINDQUIST Address 5809 JULIA 57, MADISON, WI 53705
Please check the ap	ppropriate boxes:	
At this meeting are (If you answered "aquestion)	wish to speak ple to answer questions you representing an organize no," STOP; you need not co	Oppose Wish to speak Do not wish to speak Available to answer questions tion or a person other than yourself: Yes No nplete the rest of this form. If you answered "yes," go on to the next
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Are you appearing a (If you answered "r question)	as part of your other paid dut no," STOP; you need not con	es for this person or organization? Yes No nplete the rest of this form. If you answered "yes," go on to the next
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Please Print		
Agenda No.		Name Margaret Majer Address 5801 Julia St Malison Wi 53707
		Malison W1 53705
Please check the ap	propriate boxes:	
	o speak wish to speak ble to answer questions	☐ Oppose ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
(If you answered "i question)	no," STOP; you need not co	tion or a person other than yourself: Yes No mplete the rest of this form. If you answered "yes," go on to the next son or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
Are you appearing a (If you answered "n question.)	ns part of your other paid duti to," STOP; you need not con	es for this person or organization? Yes No nplete the rest of this form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes

Date: 3/\/05

City of Madison Registration Statement - Common Council

Please Print		
		Name <u>Janice Fjellman</u> Address <u>5810 Junia St</u>
Agenda No.		Address 5810 Julia St
		Madison W1 53705
Please check the ap	opropriate boxes:	
Support Wish to	o speak	Oppose Wish to speak
	wish to speak ble to answer questions	Do not wish to speakAvailable to answer questions
Name, address and	telephone number of each p	erson or organization you are representing:
Are you being paid	for your representation?	☐ Yes 🛣 No
Are you appearing (If you answered "; question)	as part of your other paid dut no," STOP; you need not co	ies for this person or organization? Yes No mplete the rest of this form. If you answered "yes," go on to the next
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		Name	DoN	REEDE	区、
Agenda No.		Address	5	JEBLEN	RL
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	o speak wish to speak ble to answer questions		☐ Do :	e h to speak not wish to speak ilable to answer que	stions
At this meeting are (If you answered "requestion.)	you representing an organization," STOP; you need not co	ation or a person o mplete the rest of	ther than you	ırself: Yes	⊠ No
Name, address and	telephone number of each pe	erson or organizati	on you are re	presenting:	
Are you being paid	for your representation?			Yes Yes	™ No
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Date:	<i>ا ن</i>	55		<u> </u>	٠	4	

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Agenda No.		Name Gerald Address 1643 (Madisan	Lindar Copital Avenue Ave
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question)	~, DAVI, you need not co	ipicie ine resi oj inis jorni. 17 y	u unswerea yes, go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes 5 minutes	

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Date:	3-	1-0	5	1.12	1995	100
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Please Print			
Agenda No. #	17	Name Judy Aspinwal Address 1602 CAB, tal Am MADISM 53705	
		MADISM 53705	
Please check the ap	ppropriate boxes:		
Support		Oppose Junast prop	asse
Wish to		☐ Wish to speak	
	wish to speak	∑ Do not wish to speak	
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Name, address and	telephone number of each pe	rson or organization you are representing:	
Are you being paid	for your representation?		
Are you being paid	tor your representation?	Tes ∵[_] No
Are you appearing a (If you answered "r question.)	ns part of your other paid dut to," STOP; you need not con	es for this person or organization? Yes [nplete the rest of this form If you answered "yes," go	No on to the next
Speaking Limits:	Public Hearing	5 minutes	
	Information Hearing	5 minutes	
	Other Items		

City of Madison Registration Statement - Common Council

Please Print		
Agenda No. //		Name Jill Robinson Wren Address 1622 Capital Aug Marison
		Manison
Please check the ap	ppropriate boxes:	
	o speak wish to speak ble to answer questions	Oppose the Current plan Wish to speak Do not wish to speak Available to answer questions
(If you answered "question)	no," STOP; you need not co	ation or a person other than yourself: Yes No mplete the rest of this form. If you answered "yes," go on to the nex erson or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
Are you appearing a (If you answered "r question)	as part of your other paid dut no," STOP; you need not con	ies for this person or organization? Yes No nplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes

Date: March 1, 2005

City of Madison Registration Statement - Common Council

Agenda No// Address	Please Print		
Support Wish to speak Do not wish to speak Available to answer questions At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Are you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Speaking Limits: Public Hearing 5 minutes			Name Christopher G. Wren
Please check the appropriate boxes: Support	Agenda No/		Address 1622 Capital Avenue
Please check the appropriate boxes: Support			Madison, WI 53705-1228
At this meeting are you representing an organization or a person other than yourself: Yes	Please check the ap	opropriate boxes:	
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Yes No Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Speaking Limits: Public Hearing 5 minutes	☐ Wish to ☐ Do not	wish to speak	
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nex question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Are you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nex question.) Speaking Limits: Public Hearing5 minutes	Availat	ole to answer questions	☐ Available to answer questions
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 nex question.) Speaking Limits: Public Hearing 5 minutes	(If you answered "i question)	no," STOP; you need not co	mplete the rest of this form. If you answered "yes," go on to the nex
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 nex question.) Speaking Limits: Public Hearing 5 minutes			
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 nex question.) Speaking Limits: Public Hearing 5 minutes			
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nex question.) Speaking Limits: Public Hearing 5 minutes	Are you being paid	for your representation?	☐ Yes ☐ No
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B. 하는 사람들은 B. H. B. H.	Speaking Limits:	Public Hearing	5 minutes
Information Hearing 5 minutes Other Items 3 minutes		Information Hearing	5 minutes

City of Madison Registration Statement - Common Council

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Agenda No		Name Address	lal L. T 1656 - Sna	nc Guffer Capital au dison,	
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At this meeting are (If you answered "requestion)	speak wish to speak le to answer questions you representing an organiza to," STOP; you need not co telephone number of each pe	mplete the rest of th	Available Available ner than yourself:	nswered "yes," go o	ZNo
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	s part of your other paid dut to," STOP; you need not co				No n to the next
Speaking Limits:	Public Hearing Information Hearing	5 mir 5 mir	nutes		

Date: 3/// 05

City of Madison Registration Statement - Common Council

Please Print		
Agenda No		Name Larry Dash Address 1621 Capital Ave Madison, WI
Please check the ap	propriate boxes:	
At this meeting are (If you answered "rquestion)	wish to speak ble to answer questions you representing an organiz no," STOP; you need not co	Wish to speak Do not wish to speak Do not wish to speak Available to answer questions Wish to speak Available to answer questions West No mplete the rest of this form. If you answered "yes," go on to the next of the organization you are representing:
Are you appearing a	for your representation? s part of your other paid dut o," STOP; you need not co	☐ Yes ☐ No ies for this person or organization? ☐ Yes ☐ No nplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes

Date: 3-1-05

City of Madison Registration Statement - Common Council

Please Print		
Agenda No.	ip Ave	Name <u>Jeanee + Brian Linden</u> Address <u>1630 Capital Avenue</u> <u>Madison, W1 53705</u>
Please check the ap	ppropriate boxes:	
At this meeting are (If you answered "question)	wish to speak ole to answer questions you representing an organiz no," STOP; you need not co	Oppose Ourrent plan for sidewalk Wish to speak Do not wish to speak Available to answer questions tion or a person other than yourself: Yes No nplete the rest of this form. If you answered "yes," go on to the next rson or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
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Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes 5 minutes

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Agenda No. Qa	mital Ave	Name <u>A-Xin</u> 6 Address 1606 2	Zhu Papital Ave	
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Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes 5 minutes 3 minutes		

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	Name Jenny Fellman - Address 5810 Julia St
Agenda No.	- Address 5810 Julia St
	Madison W1 53705
Please check the appropriate boxes:	
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