

Date: Jan 16, 2007

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05100

PLEASE PRINT CLEARLY

Name Carousel Bayard

Address 4901 Sherwood Rd
Madison WI 53711

Agenda No. 05

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- 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," provide the name of who you represent and go on to the next question.)

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

Are you being paid for your representation? Yes No

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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: 1-16-07

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

5100

Agenda No. 65

PLEASE PRINT CLEARLY

Name Laura J. Francis
Address 5414 Dahlen Drive
Madison, WI 53705-1340

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- 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," provide the name of who you represent and go on to the next question.)

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Speaking Limits: Public Hearing (Common Council).....5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

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Print Name _____

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CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

05100

PLEASE PRINT CLEARLY

Agenda No. 65

Name Sarah Coyle
Address 1406 Jennifer St
Madison WI 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Information Hearing.....3 minutes
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Print Name _____

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CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05100

PLEASE PRINT CLEARLY

Name Shaili Pfeiffer

Address 406 North

Madison WI 53704

Agenda No. <u>65</u>

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

- and
- 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," provide the name of who you represent and go on to the next question.)

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Public Hearing (Common Council)	5 minutes
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Other Items	3 minutes

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Signature _____

Print Name _____

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CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

05100

PLEASE PRINT CLEARLY

Agenda No. 65

Name Anne Eglash
Address 6006 Hawser Rd
Madison 53705

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Information Hearing3 minutes
Other Items3 minutes

(SEE BACK)

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Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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05100

PLEASE PRINT CLEARLY

Name Anne Altshuler

Address 5318 Burnett Drive
Madison, WI 53705

Agenda No. 65 - Prohibit Interfering with a mother breastfeeding

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

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

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- Other Items..... 3 minutes

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Print Name _____

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CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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05100

PLEASE PRINT CLEARLY

Name Laurel Franzek

Address 4618 Martha Lane

Madison, WI 53714

Agenda No. <u>65</u>

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

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

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

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CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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05100

PLEASE PRINT CLEARLY

Name Keith Pollock

Address 406 North
Madison WI 53704

Agenda No. 65

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Name, address and telephone number of each person or organization you are representing:

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Signature _____

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Date: _____

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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05100

PLEASE PRINT CLEARLY

Name SACHIN CAHEDA

Address 2472 S. Graham St

Milwaukee WI 53207

Agenda No. <u>65</u>

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Name, address and telephone number of each person or organization you are representing:

NARAL PRO-CHOICE WISCONSIN

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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 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

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CITY OF MADISON

Registration Statement - Common Council

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05100

PLEASE PRINT CLEARLY

Name Erika Lukas

Address 2138 Summers Ave

Madison WI 53704

Agenda No. <u>#65</u>	05100
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Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

- and
- Wish to speak
 - Do not wish to speak
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Signature _____

Print Name _____

Date: 1/16/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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05100

PLEASE PRINT CLEARLY

Name Cecily Frederide
Address 814 W Lakeside St
Madison WI 53715

Agenda No. #65

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Other Items 3 minutes

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CITY OF MADISON

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Agenda No. 65

Name Steve Olinberg
Address _____

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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Information Hearing 3 minutes
Other Items 3 minutes

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Print Name _____

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CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05700

PLEASE PRINT CLEARLY

Name Julie Simani
Address 6963 Harmony Way
Middleton, WI 53562

Agenda No. 65

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- 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," provide the name of who you represent and go on to the next question.)

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

Madison Birth Center
6720 Frank Lloyd Wright Ave
Middleton, WI 53562

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Signature _____

Print Name _____

Date: _____

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COMMITTEE

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05100

PLEASE PRINT CLEARLY

Name Charlotte Flynn

Address 224 Westmorland Blvd.

Madison, WI 53705

Agenda No. <u>65</u>

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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Date _____

Signature _____

Print Name _____

Date: 16 de enero

107

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05100

PLEASE PRINT CLEARLY

Name

Bert Zipperer

Address

1337 Jennifer
Madison U 53703

Agenda No.

65

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- 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," provide the name of who you represent and go on to the next question.)

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Speaking Limits: Public Hearing (Common Council)..... 5 minutes
 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Print Name _____

Date: 7/16/07

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

05100

PLEASE PRINT CLEARLY

Name ASTORIC KUMAR

Address 212 W GOREHAM ST.

Agenda No. 65

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- Support
- Oppose
- Neither Support Nor Oppose

- and
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Print Name _____

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CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05100

PLEASE PRINT CLEARLY

Name Daniel L. Ross

Address 125 N Hamilton St Unit 602
Madison 53703

Agenda No. 65 breakfast

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- Oppose
- Neither Support Nor Oppose

- and
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CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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Agenda No. _____

65

Name

Lauren Woods

Address

210 North Charter St 703
Madison, WI 53715

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- Oppose**
- Neither Support Nor Oppose**

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