

Date: 5-6-08

09837

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

Agenda No. 7

PLEASE PRINT CLEARLY

Name JOHN L. BAUHS  
Address 922 SEQUOIA TR  
MADISON

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

(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.)

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Date 5-6-08

Signature John L. Bauhs  
Print Name JOHN L. BAUHS

Date: 5/6/08

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**Registration Statement - Common Council**  
COMMITTEE

Please Print

**PLEASE PRINT CLEARLY**

Agenda No. 11

Name SUSAN J. MILLS  
Address 412 S. DICKINSON 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  
*(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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\_\_\_\_\_  
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\_\_\_\_\_

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

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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

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**Registration Statement - Common Council**  
COMMITTEE

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**PLEASE PRINT CLEARLY**

Agenda No. 7

Name Dale Cox  
Address 1045 Ridgewood Way  
Madison WI 53713

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

Are you being paid for your representation?  Yes  No

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

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Signature \_\_\_\_\_

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

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CITY OF MADISON

09837  
Registration Statement -

Common Council  
COMMITTEE

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Agenda No. 7

Name Joanna Rouse  
Address 2428 Perry Street  
Madison, WI 53713

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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Speaking Limits:

Public Hearing (Common Council)	.....5 minutes
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Signature \_\_\_\_\_

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



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09837  
**Registration Statement -** CITY OF MADISON  
**Common Council**  
COMMITTEE

Please Print

Agenda No. 7

**PLEASE PRINT CLEARLY**

Name RUTH ANN BAUMS  
Address 932 SEQUOIA TR  
MADISON

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
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Date 5-6-08

Signature Ruth Ann Bauhs  
Print Name RUTH ANN BAUHS