

Date: 10-12-2024

CITY OF MADISON

Registration Statement - Library
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Imagination Center
Agenda No. _____

Name Jeff Riggert
Address 4714 Anniversary Lane
jeff-riggert@hotmail.com

Please check the appropriate boxes:

- Support Imagination Center
- Oppose
- Neither Support Nor Oppose

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

At this meeting are you representing a person, organization or business entity 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, organization or business entity you are representing:

I support Imagination Center construction, despite the severe downsizing on project from \$40 million to about \$20 million capital budget
I object to those who have played games by taking Center out of budget before & now threaten to hold funding hostage to referendum passage. There should be no linkage

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person, organization or business entity? 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.)

Thank You!

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

(SEE BACK)

Date: 10/10/24

CITY OF MADISON

Registration Statement -

COMMITTEE

Please Print

8

Agenda No. _____

PLEASE PRINT CLEARLY

Name JOE CHAUSSUS

Address 18 CHARENDAW CT.
MADISON 53104

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 a person, organization or business entity 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, organization or business entity 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, organization or business entity? 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)