

Date: 2/23/10

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 2, (4), 67, 72, 122

Name Mark Schemmel  
Address 3717 Busse St  
Madison, WI 53714

Please check the appropriate box:

Please check the appropriate box:

- 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: 2/23/10

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name JAMES GREER

Address 513 WEST LAWN DR.  
COFFEE GROVE WI

Agenda No. 2, 4, 6, 7, 72, 122

Please check the appropriate box:

Please check the appropriate box:

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

(SEE BACK)

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Signature \_\_\_\_\_

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

Date 2/23/10

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 304, 67, 72, 122  
Edgewater

Name Harvey Wendel  
Address 531 N Pinckney  
Madison

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

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

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

(SEE BACK)

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 2-23-10

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 24,6772  
122

Name Joe Boucher  
Address 6318 LANDFALL DR  
MADISON

Please check the appropriate box:

Please check the appropriate box:

- 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:

IN SUPPORT OF FOOD BANK DEV.

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 2/23/10

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 2, 4, 67, 72, 122

Name Judd Sellemmel

Address 7614 SAWMILL RD

MADISON, WI 53717

Please check the appropriate box:

Please check the appropriate box:

- 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

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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 2/23/10

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. WEDNESDAY 2

Name Jim Shaver  
Address 120 W. Waterham  
Madison, WI 53703

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

Please check the appropriate box:

- 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:

Steve Brown Apartments  
120 W. Waterham  
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.)

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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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 2-23-10

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 15995 2

Name TOOD HOFFMASTER  
Address 368 North Bergamont Blvd  
Oregon, WI

Please check the appropriate box:

Please check the appropriate box:

- 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:

Mortenson Construction  
10 EAST FAY STREET MADISON WI

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

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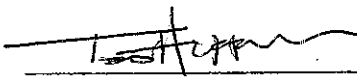
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Date 2-23-10

Signature 

Print Name TODD HOFFMANN

Date: 2/23/10

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 2, 67, 72, 122

Name David Knoche  
Address 5806 Old Sauk  
Madison 53705

Please check the appropriate box:

Please check the appropriate box:

- 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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Signature \_\_\_\_\_

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



Date: 2-23-2010

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name Richard Totman / Ellen Seuser  
Address 155 E. Wilson St  
Madison, WI

Agenda No. 2, 4, 67, 72, 122

*In support of Edgewater Development*  
Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

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

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Signature \_\_\_\_\_

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

Date: 2/23/10

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 2,4,6,7,72  
or 122

Name Christopher Culver  
Address 411 Wisconsin Ave  
Madison, WI 53703

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

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

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\_\_\_\_\_

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Signature \_\_\_\_\_

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

Date: 2/23/10

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

Agenda No. 2, 67, 72, 127  
In support of Edgewater  
Development

PLEASE PRINT NAME CLEARLY

Name TIM VALENTYN

Address 2852 Cross Country Circle  
Verona, WI

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

Please check the appropriate box:

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

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Signature \_\_\_\_\_

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

Date: 2/23/10

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 2, 4, 72, 122

Name Lynne Faulkner  
Address 205 Del Mar Drive  
Madison, WI 53704

Please check the appropriate box:

Please check the appropriate box:

- 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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\_\_\_\_\_  
\_\_\_\_\_  
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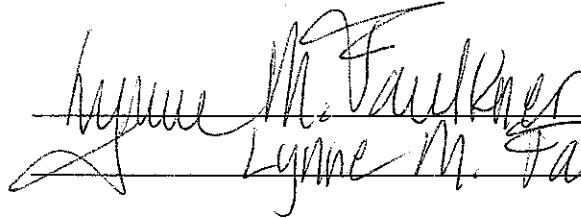
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*(Please go to the City Clerk's website [www.cityofmadison.com/clerk/index.html](http://www.cityofmadison.com/clerk/index.html) or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date 2/22/10

Signature

Print Name

  
Lynne M. Faulkner



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

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print I SUPPORT THE EDGEWATER

PLEASE PRINT NAME CLEARLY

Agenda No. <u>2467122</u>
---------------------------

Name CRAIG ARGALL  
 Address 2211 1140 E. DAYTON ST  
MADISON, WI 53703

Please check the appropriate box:

Please check the appropriate box:

- 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:

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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.)*

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

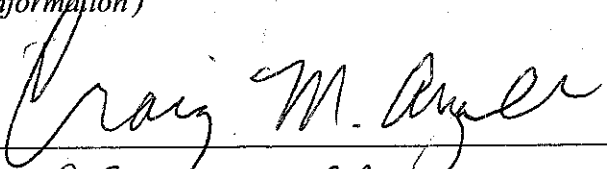
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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

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Date 2/23/10

Signature   
Print Name CRAG M. ANGELO

Date: 2/23/10

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

Agenda No 2, 1, 67, 72, 122

PLEASE PRINT NAME CLEARLY

Name Allen Arutsey

Address 2817 Milwaukee St

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

Please check the appropriate box:

- 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:  
Hammes Co

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 2/23/10

Signature   
Print Name Allen Arntsen

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

**CITY OF MADISON**

**Registration Statement - Common Council**  
COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Agenda No. 2

Name Amy Supple  
Address 7908 Shawt Croix Circle  
Verona WI

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

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

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

Hammes Company

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

**(SEE BACK)**

REGISTRATION STATEMENT - PAGE 2

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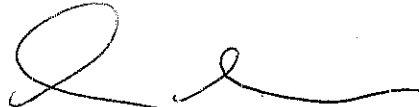
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Date

2-23-10

Signature



Print Name

Amy Supple