



Date: 4/19/11

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 96

Name Annie Woodbury Flowers
Address 4809 Splint Road
Madison, WI 53718

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Do not wish to speak

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: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 96

Name Ariel Ford
Address 613 N. Midvale #3
Madison, WI
53705

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Do not wish to speak

At this meeting are you representing an organization or a person other than yourself: Yes No
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Date April 19, 2011 Signature 
Print Name Ariel Ford



Date: 4/19/2011

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 96

Name Christie Hill
Address 2821 Warner Street
Madison, WI
53713

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

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

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Date 4/19/2011

Signature Christie Hill

Print Name Christie Hill



Date: 4/19/11

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. # 96

Name LORIE OLSEN
Address 2726 Lakeland Ave
MADISON, WI

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

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.)

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

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REGISTRATION STATEMENT - PAGE 2

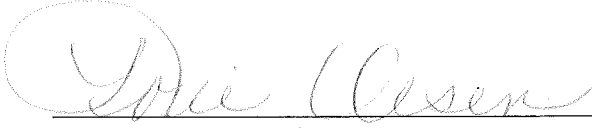
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Date April 19, 2011 Signature 
Print Name LORIE OLSEN



Date: 4/19/11

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. #96

Name SYLVIA MOSS
Address 1518 Brynwood DR
Madison, WI 53716

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Do not wish to speak

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
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Date _____

Signature _____

Print Name _____



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 96

Name TERRI COENIN

Address 796 GOLF PARKWAY

MADISON, WI 53704

Please check one:

AND

Please check:

Support

Do not wish to speak

Oppose

Neither Support Nor Oppose

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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Date _____

Signature _____

Print Name _____



Date: 4/19/2011

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 96

Name RICHARD BUSS
Address 5729 Blacksmith Ln
MADISON 53716

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

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

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Date _____

Signature _____

Print Name _____



Date: April 19 2011

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 96

Name

Julie A McRoberts

Address

3823 Sycamore Ave
Madison WI 53714

Please check one:

AND

Please check:

Support

Do not wish to speak

Oppose

Neither Support Nor Oppose

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:

Member of MPSEA

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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Date 4-19-11

Signature Julie A. McRoberts

Print Name Julie A McRoberts



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 96

Name JOYCE THOMPSON
Address 468 MEANDERWOOD RD
OREGON, WI

Please check one:

AND

Please check:

Support

Oppose

Neither Support Nor Oppose

Do not wish to speak

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:

MPSEA - IN SUPPORT OF MPSEA

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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Signature _____

Print Name _____



Date: 19 APR 2011

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 96

Name PAUL O'LEARY
Address 1134 E. MIFFLIN ST
53703

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

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Signature _____

Print Name _____