

Date: 3/27/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05709

PLEASE PRINT CLEARLY

Name Lisa Subeck

Address 818 S. Common #4
Madison, WI 53719

Agenda No. 13
** with Plan Commission recommendation re: \$ to Affordable Housing Trust Fund*

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

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(Please go to the City Clerk's website 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 _____

Signature _____

Print Name _____

Date: 3/27/07

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

05709

PLEASE PRINT CLEARLY

Agenda No. 13

Name Jacque Pokorney
Address 406 Labelle Lane
Monona, WI 53716

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
Other Items3 minutes

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Date _____

Signature _____

Print Name _____

Date: March 27, 07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05709

Agenda No. 05643 13

05644

PLEASE PRINT CLEARLY

Name DARYL K. SHERMAN

Address 3106 Gregory St.
Madison WI 53711

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:
Dodgeon Monroe Neighborhood Association 3200 Monroe St 238-5706

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: MAR 27, 07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05643 (5)

PLEASE PRINT CLEARLY

Name

PAUL OSOSKY

Address

21 S. HILLSIDE TER
MADISON

Agenda No.

5, 13

Please check the appropriate boxes:

05709 (13)

Support

and

Wish to speak

Oppose

Do not wish to speak

Neither Support Nor Oppose

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:

WINGRA SCHOOL, 3200 MONROE ST

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 MAR 27, 07

Signature



Print Name

PAUL OSOSKY

Date: MARCH 27, 2007

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05643

05709

PLEASE PRINT CLEARLY

Name

Joyce Perkins

Address

731 Copeland St
Madison 53711

Agenda No. 5 & 13

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:

Wingate School

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 MARCH 27, 2007

Signature Joyce Perkins
Print Name Joyce PERKINS

Date: 3/27/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05643

05709

PLEASE PRINT CLEARLY

Name Melissa Huggins

Address 1101 Lincoln St

Madison

Agenda No. 5d13

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:

Wingra School 3200 Waver St 238-2525

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: 3/27/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print 5 + 13

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Agenda No. 05643
05709

Name Bill Barker
Address 830 TERRY PLACE
MADISON WI

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:

Dudgeon Center for Community Programs
(current lessee) supports sale of Dudgeon School Bldg.
& associated property to Virginia School, Inc.

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
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

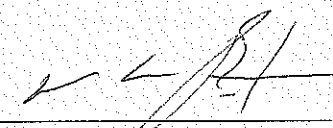
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Date 3/27/07 Signature 
Print Name W W BARKER

Date: _____

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05643

05709

PLEASE PRINT CLEARLY

Name Attorney Michael Christopher

Address 2 E. Welford St

Agenda No. <u>5 + 13</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.)

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

Joyce Perkins
Wingm School
3200 Wavel St

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

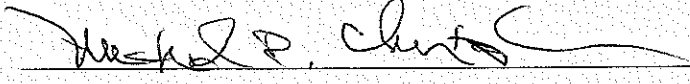
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Date 3/27/07

Signature 

Print Name _____

Date: 27 March 2007

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05643
05709

PLEASE PRINT CLEARLY

Name

PATRICK SWEET

Address

200 Jefferson St
MADISON

Agenda No.

5 E B

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:

WINGRA SCHOOL

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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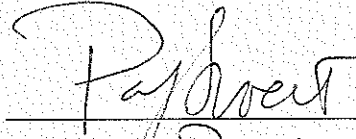
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Date 27 MARCH 2007

Signature



Print Name

PATRICK SWEET

Date: 3/27/07

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print
05643
05709

PLEASE PRINT CLEARLY

Agenda No. 5^E 13

Name Sully Sweet
Address 2006 ~~W~~ Jefferson St.

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 3/27/07

Signature 
Print Name Sully SWEET

Date: 3/27/07

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

05643
05709

PLEASE PRINT CLEARLY

Name Charlotte Sweet

Address 2006 Jefferson St.

Agenda No. 5 and 13

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 3/27/07

Signature CHARLOTTE

Print Name Charlotte Sweet