

Date: 12-13-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

Agenda No. 66

Name Bob Reuschlein
Address 3264 Stonecreek Dr.
Madison, WI 53719

Please check the appropriate boxes:

- Support** *Do Not Consider* **Oppose**
- Wish to speak *not wish to speak* Wish to speak
- Do not wish to speak Do not wish to speak
- Available to answer questions 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," 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 5 minutes
Information Hearing 5 minutes
Other Items 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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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3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

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Agenda No. 66

Name David Widhomic
Address _____

Please check the appropriate boxes:

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

*Neither not
wishes to speak*

- Oppose**
- 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," go on to the next question.)

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Speaking Limits:

Public Hearing.....	5 minutes
Information Hearing.....	5 minutes
Other Items	3 minutes

(See Back)

Registration Statement - Page 2

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Print Name _____

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Agenda No. 606

Name AILEEN PAGGIO

Address 205 Ramsey Ct

Please check the appropriate boxes:

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

Refer agenda item
- let the people vote
+ wish to speak
not

- Oppose**
- 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," go on to the next question.)

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

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Speaking Limits: Public Hearing 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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Signature _____

Print Name _____

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Agenda No. 66

Name JEN MANSKI
Address 3340 AMOTH CT.
MADISON, WI 53704

Please check the appropriate boxes:

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

Refer to
Cmt.

Oppose
 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," go on to the next question.)

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Speaking Limits: Public Hearing 5 minutes
Information Hearing 5 minutes
Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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Print Name _____

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City of Madison Registration Statement - Common Council

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Agenda No. 66

Name Christopher Krause
Address 1027 Duke St #1
Madison WI 53715

Please check the appropriate boxes:

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

Refer - let the people decide

- Oppose**
- 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," 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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Information Hearing 5 minutes
Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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Signature _____

Print Name _____

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**City of Madison
Registration Statement - Common Council**

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Please Print

Agenda No. 66

Name Erik Eriksson

Address 305 S. Segoe Rd.

Madison, WI 53705

→ I do want the issue to go to
a Referendum in April,
2006.

Please check the appropriate boxes:

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

- Oppose**
- 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," 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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Speaking Limits: Public Hearing 5 minutes
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Registration Statement - Page 2

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Signature _____

Print Name _____

Date: 12/13/05

City of Madison Registration Statement - Common Council

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Please Print

Agenda No. 66

Name Diane Forsetta
Address 1217 Spaight St
Madison 53703

Please check the appropriate boxes:

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

neither
→ *urging Council to let Iraq question go to a public referendum*
do NOT wish to speak

- Oppose**
- 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," 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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Other Items 3 minutes

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Signature _____

Print Name _____

Date: 12/13/05

City of Madison Registration Statement - Common Council

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Agenda No. 66

Name Janet Parker
Address 2442 Upham St.
Madison 53704

Please check the appropriate boxes:

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

Neither
+ wish to speak

Oppose
 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," 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: 13 Dec. 07

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

Agenda No. <u>66</u>

Name Mike S. Goodman
Address 540 W. Polin Ave, #211
Madison WI 53715-2169

Please check the appropriate boxes:

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

Oppose
 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," go on to the next question.)

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

N/A

Are you being paid for your representation? Yes No

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Please Print

PRINT NAME CLEARLY

Agenda No. <u>66</u> <u>bring things home</u>
--

Name Marsha Rummel

Address 1339 Rutledge St #2
Mad 53703

Please check the appropriate boxes:

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

- Oppose**
- Wish to speak
 - Do not wish to speak
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