

Date: 9-18-07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05739

PLEASE PRINT NAME CLEARLY

Name

Barbara Schultz

Address

2307 McKenna
53711

Agenda No. 14

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:

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.)*

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Date _____

Signature _____

Print Name _____

Date: 9-18-07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05739

Agenda No. 14

PLEASE PRINT NAME CLEARLY

Name ROSEMARY LEE

Address 111 W Wilson #108
MADISON 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
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 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

(SEE BACK)

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05739

PLEASE PRINT NAME CLEARLY

Name

Rolf Rodeteld

Address

602 S Thornton Ave

Madison WI 53703

Agenda No. 14

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
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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)

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Signature _____

Print Name _____

Date: 9/18/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05739

PLEASE PRINT NAME CLEARLY

Agenda No. 14

Name Dawn Crim
Address 5647 Longford Terrace
Madison WI 53711

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:

UW Madison
500 Lincoln Dr
Mad. WI 53711

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: SEPT. 19 2007

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05739

PLEASE PRINT NAME CLEARLY

Name

DAN O'BELEN

Address

110 S. FRANKLIN
MADISON 53703

Agenda No. 14

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
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 Information Hearing 3 minutes
 Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 9-18-07

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

05739

PLEASE PRINT NAME CLEARLY

Name Lucy Gibson

Address 1610 Angel Crest Way
Madison WI 53716

Agenda No. 14

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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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 1/18/07

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

05739

PLEASE PRINT NAME CLEARLY

Agenda No. 14

Name Daniel Spira
Address 515 N Lake St
Apt 3A

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

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Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05739

PLEASE PRINT NAME CLEARLY

Agenda No. <u>14</u>

Name Matt Dolak

Address 228 Langdon St. #8

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
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 09/18/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05739

PLEASE PRINT CLEARLY

Agenda No. <u>14</u>

Name JUDY Olson

Address 518 Clemens

MADISON

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

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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

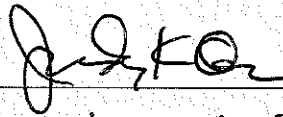
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Date 09/18/07

Signature 
Print Name Judy K Olson

Date: 9/18/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 14 09739

Name John Scherpelz
Address 123 W. Washington Ave
Madison

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)

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Date _____ Signature _____
Print Name _____

Date: 9-18-07

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

05739

PLEASE PRINT NAME CLEARLY

Name

Bert Stitt

Address

120 S. Franklin St.

Agenda No. 14

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:

Capitol Neighborhoods

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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Date _____

Signature _____

Print Name _____

Date: 9/18/2007

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

05739

PLEASE PRINT NAME CLEARLY

Agenda No. 14

Name LEDELL ZELLERS
Address SID N CARROLL 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:
CAPITOL NEIGHBORHOODS Executive
COUNCIL

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 _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05739

PLEASE PRINT NAME CLEARLY

Agenda No. 14

Name

James MacFarlane

Address

21 S Butler St #3
Madison 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:

serve on CRT Alcohol Issues
Committee

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 9/17/07

Signature Jamie McConnell

Print Name Jamie McConnell

Date: 9/18/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

05739

Agenda No. 14

Name Richard L. Brown

Address 125 N. Hamilton St #1001
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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REGISTRATION STATEMENT - PAGE 2

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*(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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(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: Sep 18 07

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

05739

Agenda No. 14

PLEASE PRINT NAME CLEARLY

Name Will Sandstrom
Address 2621 Meland 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:

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: 9-18-07

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

05239

PLEASE PRINT NAME CLEARLY

Name

Susan Schmitz

Address

210 Marinette Dr.

Agenda No. #14

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:

DM/
615 E. Wash. Ave.

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 Hearing3 minutes
Other Items3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 9-18-07

Signature

Susan Schmitz

Print Name

Date: 9/18/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05739

PLEASE PRINT NAME CLEARLY

Name Sandra TorKildsen

Address 1214 Elizabeth

Madison WI 53703

Agenda No. 14

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

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Date _____

Signature _____

Print Name _____

Date: 9/18/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05739

PLEASE PRINT NAME CLEARLY

Agenda No. 14

Name Dale Burke
Address 3024 Stamford Place
Mad WI 53711

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:

UW Madison
500 Lincoln Dr
Madison WI 53705

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: 9-18-07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05739

PLEASE PRINT NAME CLEARLY

Agenda No. 14

Name Mary Carbine
Address 615 East Washington 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

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: (BID)
Madison Central Business Improvement District
615 East Washington Ave
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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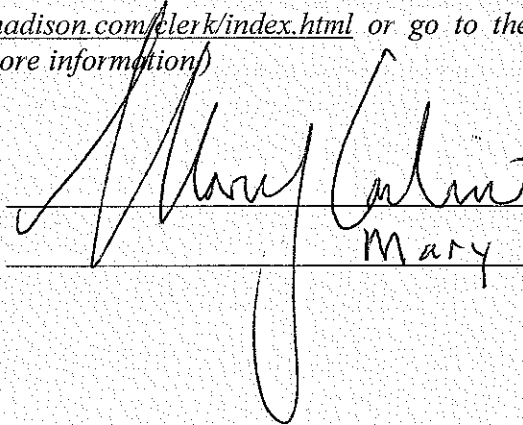
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Date 9-18-07

Signature

Print Name



Mary Carbone

Date: 9/18/07

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

05135

PLEASE PRINT NAME CLEARLY

Agenda No. 14

Name David Lapidus
Address 248 Langdon St.

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

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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)

Speaking Limits:

Public Hearing (Common Council)5 minutes
Information Hearing3 minutes
Other Items3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 9/18/07

Signature David Capikas

Print Name David Capikas

Date: 9/18/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05739

PLEASE PRINT NAME CLEARLY

Agenda No. 14

Name Steven Lawrence
Address 248 Langdon Street
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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Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____ Signature _____
Print Name _____

Date: 9/18/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

03759

PLEASE PRINT NAME CLEARLY

Name SUCHITA SHAH

Address 40 N ORCHARD ST

MADISON, WI 53715

Agenda No. 14

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:

UW - MADISON COLLEGE DEMOCRATS
ASSOCIATED STUDENTS OF MADISON (ASM)

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

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