



Date: 10/19/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

19348
Agenda No. ~~19348~~ 12

Name RITA GIOVANNONI
Address 815 FORWARD DR
MADISON WI

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- 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:

INDEPENDENT LIVING INC
815 FORWARD DRIVE
MADISON 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

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:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(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 10/19/10

Signature 
Print Name RITA GIOVANNI



Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

19348
Agenda No. 12348 12

PLEASE PRINT NAME CLEARLY

Name Kenneth A Swanson
Address 3033 HILLSIDE TRAIL
CROSS PLAINS, WI

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- 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:

INDEPENDANT LIVING, INC, Rita Giovannoni
815 Forward Drive, MADISON, WI 608-274-7900

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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Signature



Print Name

Kenneth Swanson



Date: 10/19/10

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19348

PLEASE PRINT NAME CLEARLY

Agenda No. 12

Name Anita G. Weier
Address 22 Golf Course Rd.
Madison, WI 53704

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- 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:

Friends of Cherokee Marsh jan@lv.com

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: 19 OCT 2010

WISH TO SPEAK FORM

CITY OF MADISON

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PLEASE PRINT NAME CLEARLY

19348
Agenda No. 12

Name JON BECKER
Address 4233 KENWOOD ST.
MADISON, WI 53704

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

At this meeting are you representing an organization or a person other than yourself? Yes No
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Are you being paid for your representation? Yes No

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Date: 10/19/2010

DO NOT WISH TO SPEAK FORM

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19348

PLEASE PRINT NAME CLEARLY

Agenda No. 12

Name Harry Read
Address 2545 Van Hise Avenue
Madison, WI 53705

Please check the appropriate box:

Please check the appropriate box:

Support

AND

Do not wish to speak

Oppose ⇒ I oppose the location, not the project. Should be away from Cherokee Marsh, and closer to the Northside community

Neither Support Nor Oppose

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Date: _____

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

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19348
Agenda No. 12

PLEASE PRINT NAME CLEARLY

Name LYDIA MAURER
Address 1913 SHELLEY lane
MADISON WI 53704

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Date 10-19-10

Signature

Lydia Ma

Print Name

LYDIA MAURE



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

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COMMITTEE

Please Print

19348

PLEASE PRINT NAME CLEARLY

Agenda No. 12

Name JENNIS TIZANI

Address 5810 N. STERMAN AVE
MADISON 53706

Please check the appropriate box:

Support

Oppose

Neither Support Nor Oppose

AND

Please check the appropriate box:

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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