

Date: 11/17

# City of Madison Registration Statement – JAMES MADISON PARK PROPERTY PLANNING COMMITTEE

Please Print

Agenda No. \_\_\_\_\_

Name JOE BROWN  
Address 440 Faw St

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

*(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 ..... 3 minutes
- Information Hearing ..... 3 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.)

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes  No
- 2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
- 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 11/17

Signature Joe Boyer  
Print Name \_\_\_\_\_

Date: Monday, November 17, 2008

Time: 5:30 PM

**Location: MMB Room LL-120**

James Madison Park  
Property Planning Committee

According to the lease, ownership of the building will revert back to the City free and in good condition at the end of the lease term 2034.

Suggestion to amend language:

The sale price of the Lincoln School Property shall include the Present Value of the City's ownership interest in the (future value of the) building.

In addition, the building and land shall be sold at a value based upon the highest and best use, which is assumed to be the conversion of the existing apartments to condominiums.



Date: \_\_\_\_\_

# City of Madison Registration Statement – JAMES MADISON PARK PROPERTY PLANNING COMMITTEE

Please Print

Agenda No. \_\_\_\_\_

Name Chris Schramm  
Address 105 Doty St, Suite 300  
Madison WI 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
- 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:

Urban Land Interests  
105 Doty St - Madison WI

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

(See Back)

Registration Statement - Page 2

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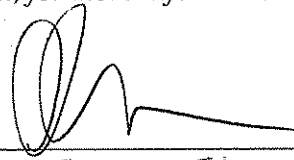
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Date 1/17/08

Signature   
Print Name Chris Schramm

Date: \_\_\_\_\_

### City of Madison Registration Statement – JAMES MADISON PARK PROPERTY PLANNING COMMITTEE

Please Print

Agenda No. \_\_\_\_\_

Name Paul Schoeneman  
Address 1108 E Gorham St

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

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 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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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(See Back)

Registration Statement - Page 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_



Date: 11/17/08

### City of Madison Registration Statement – JAMES MADISON PARK PROPERTY PLANNING COMMITTEE

Please Print

Agenda No. JMP — ?

Name James Roper  
Address 746 E. Gorham  
Madison WI

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:

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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

(See Back)

Registration Statement - Page 2

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*(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 James Roper  
Print Name JAMES ROPER