

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

**CITY OF MADISON**

**Registration Statement - Common Council**

COMMITTEE

Please Print

05643

PLEASE PRINT CLEARLY

Agenda No. <u>5</u>
---------------------

Name ROBERT SHIPLEY  
 Address 2211 ROWLEY 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.)

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

BWZ ARCHITECTS 831.2900  
2211 FARMENTER  
MADISON

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 \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 3.27.07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05643

PLEASE PRINT CLEARLY

Name MARK ENGMAN

Address 221 PARMENTER ST

Agenda No. 5

BWZ ARCHITECTS

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 - CLIENT OF BWZ ARCHITECTS

"DESIGN PROFESSIONAL EXEMPTION"

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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Date 3.27.07

Signature Mark C. Engman

Print Name MARK C. ENGMAN

Date: March 27, 2007

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 05643 5  
05644

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:

Dudgeon Monroe Neighborhood Association  
3200 Monroe St. 53711 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

05709 (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:

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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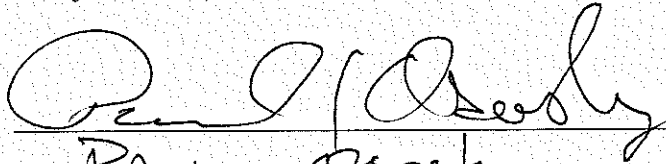
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Date MAR 27, 07

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

Voyce Perkins

Address

731 Copeland St  
Madison 53711

Agenda No. 5 & 13

Please check the appropriate boxes:

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

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: 3/27/08

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:

King School 3200 Monroe 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

PLEASE PRINT CLEARLY

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 Wiggins 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
Information Hearing	3 minutes
Other Items	3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

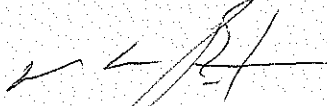
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Date 3/27/07 Signature   
Print Name W W BARKER

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

**CITY OF MADISON**

**Registration Statement - Common Council**

COMMITTEE

Please Print

05643

05709

**PLEASE PRINT CLEARLY**

Name Attorney Michael Christopher

Address 2 E. Jefferson 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  
Wingman 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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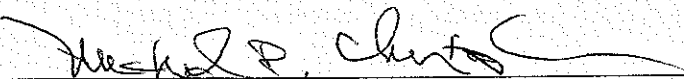
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Date 3/27/07

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

2000 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

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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  
 (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

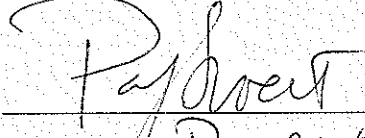
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Date 27 MARCH 2007 Signature   
Print Name PATRICK SWEET

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 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

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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Other Items	3 minutes

(SEE BACK)

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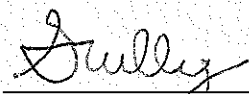
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Date 3/27/07

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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(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 3/27/07

Signature CHARLOTTE

Print Name Charlotte Sweet