

Date: 5-2-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

03199

PLEASE PRINT CLEARLY

Name

MARY LANG SOLLINGER

Address

1206 SHELDON AVE.

Madison

Agenda No. 89

File: 03088

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

(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: May 2, 07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>89</u>
File # <u>03199</u>

Name MARIA Milsted  
 Address 106 W. Mifflin St  
MADISON, WI 53703

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:

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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  
 (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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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 5-2-06

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

03199

Agenda No. 89

PLEASE PRINT CLEARLY

Name Mary Carbine

Address \_\_\_\_\_

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:

Oppose only amend to section 12.1425 to  
implement meter rate increase & hours

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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 Other Items.....3 minutes

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REGISTRATION STATEMENT - PAGE 2

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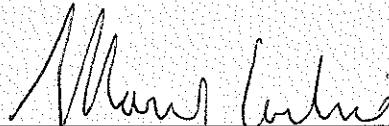
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Date 5-2-06

Signature



Print Name

Madison Central BID

Date: 5/2/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

03199

PLEASE PRINT CLEARLY

Name Traci Miller

Address 1215 Middleton St

Middleton, WI 53562

(owner of L'Estoire restaurant)

Agenda No. 89

File# 03088

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:

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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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REGISTRATION STATEMENT - PAGE 2

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Date

~~5/2/06~~

Signature

Print Name

~~TRACI MAUER~~



Date: 5-2-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. D3199 (89)

Name DANTE L. MISTEL  
Address 106 W. MIFFLIN ST  
MADISON, WI 53703

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  
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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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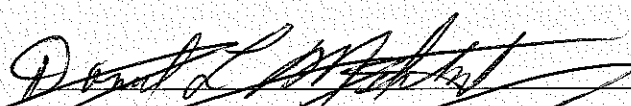
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Date 5-2-06 Signature   
Print Name Daniel L. Miltzoff

Date: 5-2-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

03199

PLEASE PRINT CLEARLY

Name Maisha Rummel

Address 1339 Rutledge St #2  
Mad 03

Agenda No. 89

parking meter

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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Date \_\_\_\_\_

Signature \_\_\_\_\_

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