

Date: 11/6/07

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

67470
Agenda No. 90

PLEASE PRINT NAME CLEARLY

Name PAUL CUTS - ENGBERG ANDERSON
Address 1 N. PINCKNEY

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:

U.W. Hovel, 6011 LANGDON, MADISON
256-8361

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

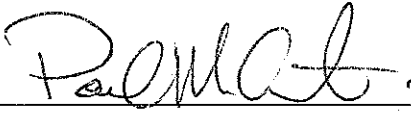
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11/6/07

Signature 
Print Name PAUL M. CUTA

Date: _____

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

07470

PLEASE PRINT NAME CLEARLY

Name HARVEY TEMKIN
Address 2313 SUGAR RIVER RD,
VERONA, WI

Agenda No. 90

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:

HILCEL FOUNDATION, 611 LANGDON ST,
256-8361

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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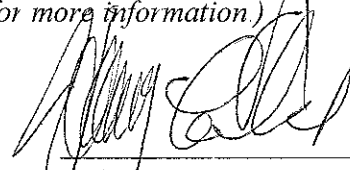
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Date 11/9/07

Signature 
Print Name HARVEY L. TENKIDA

Date: 11/6/08

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

0 7470
Agenda No. 90

PLEASE PRINT NAME CLEARLY

Name Greg Steinberger
Address 1812 VAN HISE AVE
MADISON, WJ 53726

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:

Uwhillel Foundation
611 Langdon ST AVE
MADISON, WJ 53726

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:

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Information Hearing	3 minutes
Other Items	3 minutes

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Date _____ Signature _____
Print Name _____

Date: 11/6/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

07470

Agenda No. 90

Name MIKE HUFFMAN

Address 13970 CEDAR RD.
CAMBRIDGE, 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:

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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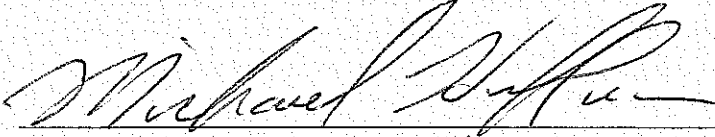
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Date 11/6/07

Signature 

Print Name MICHAEL HUFFMAN

Date: 11-06-07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

07470

PLEASE PRINT NAME CLEARLY

Name

ROSEMARY LEE

Address

111 W. WILSON ST
MADISON 53703

Agenda No. 90

Please check the appropriate box:

Support
 Oppose
 Neither Support Nor Oppose

Support

Oppose

Neither Support Nor Oppose

AND

Please check the appropriate box:

Wish to speak
 Do not wish to speak
 Available to answer questions

ONLY IF OPPOSITION AND OFF CONSENT AGENDA

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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Yes No

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