

Date: 02/27/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

05553

PLEASE PRINT CLEARLY

Name Michael Komperster

Address 1648 Capitol Ave

Agenda No. 83

Please check the appropriate boxes:

- Support (checked), Oppose, Neither Support Nor Oppose

- and Wish to speak, Do not wish to speak (checked), 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:

Blank lines for name, address, and telephone number.

Are you being paid for your representation? Yes No (checked)

Are you appearing as part of your other paid duties for this person or organization? Yes No (checked) (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.
2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
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.)

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Signature _____

Print Name _____

Date: 02/27/07

CITY OF MADISON

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0555 3

PLEASE PRINT CLEARLY

Agenda No. 83

Name ROY W SCHENK
Address 1640 Capital AVE
MAD 05

Please check the appropriate boxes:

I WOULD LIKE TO SPEAK LAST

- Support
Oppose
Neither Support Nor Oppose

- Wish to speak
Do not wish to speak ON THE SUBJECT
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

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Signature _____

Print Name _____

Date: 2/27/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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05553

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Name Kathryn Seifert
Address 1646 Capital
53705

Agenda No. 83

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:

Kathy is handicapped & may be unable to find a close handicap parking place. If so she asks you to pass out these pictures & look at upper left picture how narrow the road is

Are you being paid for your representation? Yes No
She feels afraid to go out to road to get mail
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.)

pub

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: February 27, 2007

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

05553

PLEASE PRINT CLEARLY

Name BARBARA LAMPEASKI

Address 1640 Capital Ave
MADISON, WI 53705

Agenda No. 83

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

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Date: 2/27/07

CITY OF MADISON

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COMMITTEE

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05553

PLEASE PRINT CLEARLY

Name LIZ FREITICK

Address 1650 CAPITOL AVE

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|----------------------|
| Agenda No. <u>83</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:

Vicki Trajillo
Christopher Wren / Capital Ave residents
Jill Robinson-Wren

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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