

Date: 3/7/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>#7</u> <u>02320</u>

Name CARNESTINE MOSS
 Address 2101 POST RD, #106
Fitchburg, WI 53713

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

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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.)

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CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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Agenda No. <u>7</u>
<u>02320</u>

Name Vicky Selkove

Address 2961 Union St
Madison, WI 53707

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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 Information Hearing.....3 minutes
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CITY OF MADISON

Registration Statement - COMMON COUNCIL
COMMITTEE

Please Print

02320

PLEASE PRINT CLEARLY

Name Marsha Rummel

Address 1339 Rutledge # 2

Madison WI 53703

Agenda No. 1

repeat 12

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:

Marquette Neighborhood Assoc

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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Public Hearing (Common Council)5 minutes
Information Hearing3 minutes
Other Items3 minutes

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Print Name _____

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CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

02320

PLEASE PRINT CLEARLY

Name MARY ANGLIM
Address 2134 E Washington Av
Madison WI 53704

Agenda No. 7

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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Signature _____

Print Name _____

Date: 3/7/06

CITY OF MADISON

Registration Statement - COMMON COUNCIL

COMMITTEE

Please Print

02320

PLEASE PRINT CLEARLY

Agenda No. <u>7</u>

Name Lisa Subeck
 Address 818 S. Common Rd. #4
Madison, WI 53719

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.)

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: MARCH 7 2006

CITY OF MADISON

Registration Statement - COMMON COUNCIL
COMMITTEE

Please Print

02320

PLEASE PRINT CLEARLY

Name Steve ROFFLER

Address 4111 VEITH AVE

MADISON, WI 53704

Agenda No. 7

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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Speaking Limits:

Public Hearing (Common Council)	5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

We should not repeal Madison's IZ

IZ provides a level playing field between developers who see development as a way to improve our communities and those developers who see our neighborhoods as profit centers in which development should be driven only by the maximization of their profits while externalizing the resulting long-term damage.

The IZ equity clause authored by Alder Sanborn should be fixed.

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 2/7/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

02320

PLEASE PRINT CLEARLY

Agenda No. <u>7</u>

Name Harry Richardson

Address 18 Sherman Ter. No. 4
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:

Are you being paid for your representation? Yes No

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

02320

Agenda No. 7

PLEASE PRINT CLEARLY

Name Jean Mac Cubbin
Address 3530 Heather Crest
MADISON *Paid pens!*

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.)

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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 3.7.06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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02320

PLEASE PRINT CLEARLY

Agenda No. 7

Name Olegu Loumos
Address 2724 Milwaukee
73704

Please check the appropriate boxes:

- Support
- Oppose *Do not vote - Vote down favorite!*
- 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:

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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 3/14/06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

02320

Agenda No. 4

PLEASE PRINT CLEARLY

Name MARIANNE MORTON
Address 610 SCHILLER CT,
MADISON, WI 53704

Please check the appropriate boxes:

- Support
 - Oppose** *repeal of current 12 ordinance*
 - 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:
Common Wealth Development, Inc.
1501 Williamson Street
Madison, WI 53703

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 3/7/06

Signature Marianne Morton
Print Name MARIANNE MORTON

Date: 3/7/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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02320

PLEASE PRINT CLEARLY

Name Tim Radelet

Address 36 Fuller Ct

MADISON, WI 53704

Agenda No. 7

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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Signature _____

Print Name _____

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CITY OF MADISON

Registration Statement - Common Council
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02320

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Agenda No. 7

Name Greg Rosenberg
Address 3146 Buena Vista St
Madison, WI 53704

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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CITY OF MADISON

Registration Statement - COMMON COUNCIL
COMMITTEE

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02320

PLEASE PRINT CLEARLY

Agenda No. #7 (1Z)

Name Shelley Fite
Address 1126 Jennifer St. #1
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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CITY OF MADISON

Registration Statement - COMMON COUNCIL
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02320

PLEASE PRINT CLEARLY

Agenda No. 7-12

Name Andrew Hinkel
Address 1126 Jennifer St. #1
Madison, 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

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Information Hearing	3 minutes
Other Items	3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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*(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.)

Date _____

Signature _____

Print Name _____

Date: 3-7-06

CITY OF MADISON

Registration Statement - COMMON COUNCIL
COMMITTEE

Please Print

02320

PLEASE PRINT CLEARLY

Name ROSEMARY LEE

Address 111 W WILSON #108

MADISON WI

Agenda No. 7

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

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Date _____

Signature _____

Print Name _____

Date: 2-17-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

02320

PLEASE PRINT CLEARLY

Agenda No. <u>7</u>

Name Russell Novak
 Address 4817 Sheboygan Ave 508#
Madison, WI 53725-2917

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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 Information Hearing 3 minutes
 Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

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