

Date: 4.21.09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 51
ID# 12596

Name TOM McKENNA
Address 5013 BLACK OAK DR
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:

ORCHARD RIDGE 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.)

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: 21 April
2009

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

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Agenda No. 51

Name Bert Zipperer

Address 1337 Jennifer St.
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

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:

EOC - as president

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)

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Date _____

Signature _____

Print Name _____

Date: 4/21/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name Linda Hostkins
Address 8 Wagona Woods Ct #3

Agenda No. 51

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: April 21, 2009

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 51

Name

Carousel Bayrd

Address

4901 Sherwood Rd
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:

Equal Opportunities Commission, City of Madison
AND self

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: 4-21-09

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

Agenda No. 51

PLEASE PRINT CLEARLY

Name Michael Jordan

Address 1305 Theresa Ter

Madison Wis 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:

Michael Jordan

1305 Theresa Ter

(608) 274-1045

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 7-21-09

Signature

Michael Jordan

Print Name

Michael Jordan

Date: 4-21-09

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 51

Name ROY PURRY

Address 1315 Theresa Terr.

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:

ROY PURRY
1315 Theresa Terr.
(608) 276-5814

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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(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.)

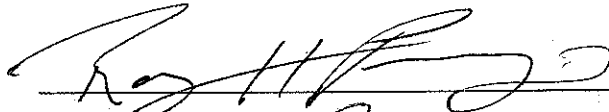
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Date 4-21-09

Signature



Print Name

Roy H. Purry

Date: 4-21-09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 51

Name Jukoda Roosevelt
Address 1405 Theresa Terr
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:

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

4-21-09

Signature

Jukoda Roosevelt

Print Name

Jukoda Roosevelt

Date: 4/21/09

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 51

Name Katie Adler

Address 211 S. Carroll St

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:

Madison Police

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 4-21-09

Signature Katie I Adler

Print Name Katie I Adler

Date: 4/21/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name Mike Hanson

Address 211 S. Carroll St
Madison

Agenda No. 51

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:

Madison Police

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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Date

4/21/09

Signature



Print Name

Mike Hanson

Date: 4/21/2009

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 51

Name Stacy Harbaugh
Address 122 State St. #201
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

sharbaugh@aclu-wi.org

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:

American Civil Liberties Union of WI

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 4/21/2009

Signature

Print Name

Stacy Harbaugh
Stacy Harbaugh

Date: 4/21/09

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 51

Name Andrew Bange

Address 2881 Forest Down

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:

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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Date _____ Signature _____
Print Name _____

Date: 4/21/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 51

Name Mai Yee Vang

Address 201 Bayview
53715, Madison, WI

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
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Are you being paid for your representation?

☐ Yes ☐ No

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☐ Yes ☐ No

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Date _____

Signature _____

Print Name _____