

Date: 6/5/07

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

Please Print

**PRINT NAME CLEARLY**

05736

|                                    |
|------------------------------------|
| Agenda No. <u>11</u><br><u>NCD</u> |
|------------------------------------|

Name LEDELL ZELLERS

Address 510 W Carroll

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- Oppose**
- 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:  
Capitol Neighborhoods

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      | 5 minutes |
| Information Hearing | 5 minutes |
| Other Items         | 3 minutes |

(See Back)

Registration Statement - Page 2

Are you an elected official 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, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes  No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 6/5/07

### City of Madison Registration Statement - Common Council

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**PRINT NAME CLEARLY**

05736

Agenda No. 11

Name NICK SCHROEDER

Address 213 S. BARLOW ST

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- Oppose**
- 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," 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.)

Speaking Limits:

|                          |           |
|--------------------------|-----------|
| Public Hearing.....      | 5 minutes |
| Information Hearing..... | 5 minutes |
| Other Items.....         | 3 minutes |

(See Back)

**Registration Statement - Page 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 6/5/07

### City of Madison Registration Statement - Common Council

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Please Print

05736

**PRINT NAME CLEARLY**

Agenda No. //

Name James Roper & Sonja Maskalik  
Address 746 E. Gorham St  
Madison WI 53703

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- Oppose**
- 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," 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.....5 minutes  
Information Hearing.....5 minutes  
Other Items.....3 minutes

(See Back)

**Registration Statement - Page 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 6/5/07

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

Please Print

**PRINT NAME CLEARLY**

05 736

Agenda No. 11

Name Philip H. Salter

Address 1229 Enterprise Dr.  
Wesona, WI 53593

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- Oppose**
- 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," go on to the next question.)*

Name, address and telephone number of each person or organization you are representing:

RASW

4801 Forest Run Rd

Madison, WI 53704

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..... 5 minutes  
 Information Hearing..... 5 minutes  
 Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

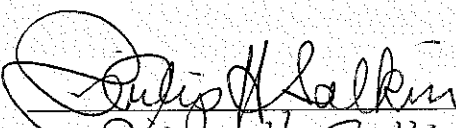
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 1 Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes  No
- 2 Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
- 3 If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 6/5/07

Signature   
Print Name Philip H. Salkin



Date: 6-6-07

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

Please Print

**PRINT NAME CLEARLY**

05736

|                      |
|----------------------|
| Agenda No. <u>11</u> |
|----------------------|

Name PETER OSTLIND

Address 533 W. Main  
MADISON

Please check the appropriate boxes:

**Support**

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

**Oppose**

- 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," 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.)*

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing ..... 5 minutes  
 Other Items ..... 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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: \_\_\_\_\_

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

Please Print

**PRINT NAME CLEARLY**

05736

Agenda No. 11

Name Carol Schaeffer

Address 282 Alamo Meadow Cir  
Oregon WI 53575

Please check the appropriate boxes:

- |                          |                               |                                     |                               |
|--------------------------|-------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> | <b>Support</b>                | <input checked="" type="checkbox"/> | <b>Oppose</b>                 |
| <input type="checkbox"/> | Wish to speak                 | <input checked="" type="checkbox"/> | Wish to speak                 |
| <input type="checkbox"/> | Do not wish to speak          | <input type="checkbox"/>            | Do not wish to speak          |
| <input type="checkbox"/> | Available to answer questions | <input type="checkbox"/>            | 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," go on to the next question.)*

Name, address and telephone number of each person or organization you are representing:

Smart Growth Madison

701 east Washington ave

Madison 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 ..... 5 minutes  
 Information Hearing ..... 5 minutes  
 Other Items ..... 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 06/05/07

Signature

Print Name

  
Carol Schaefer

Date: June 5, 2007

### City of Madison Registration Statement - Common Council

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Please Print

**PRINT NAME CLEARLY**

05736

Agenda No. 11  
Neighborhood Conservation Dist.

Name Curtis Beunk

Address 101 Acadia Dr  
Madison WI 53717

Please check the appropriate boxes:

- |                          |                               |                                     |                               |
|--------------------------|-------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> | <b>Support</b>                | <input checked="" type="checkbox"/> | <b>Oppose</b>                 |
| <input type="checkbox"/> | Wish to speak                 | <input checked="" type="checkbox"/> | Wish to speak                 |
| <input type="checkbox"/> | Do not wish to speak          | <input type="checkbox"/>            | Do not wish to speak          |
| <input type="checkbox"/> | Available to answer questions | <input type="checkbox"/>            | 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," 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.)*

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing ..... 5 minutes  
 Other Items ..... 3 minutes

(See Back)

**Registration Statement - Page 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 6/6/07

### City of Madison Registration Statement - Common Council

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**PRINT NAME CLEARLY**

05736

Agenda No. 11

Name HOLLY BUCHHOLZ

Address 1328 Dewey Ct

Please check the appropriate boxes:

**Support**

Wish to speak

Do not wish to speak

Available to answer questions

**Oppose**

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," 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.)*

|                  |                           |           |
|------------------|---------------------------|-----------|
| Speaking Limits: | Public Hearing .....      | 5 minutes |
|                  | Information Hearing ..... | 5 minutes |
|                  | Other Items .....         | 3 minutes |

(See Back)

Registration Statement - Page 2

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Date 6/6/07

Signature Holly Buchholz  
Print Name Holly Buchholz



Date: 6/5/2007

### City of Madison Registration Statement - Common Council

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**PRINT NAME CLEARLY**

05736

Agenda No. 11

Name Leslie C. Schroeder  
Address 213 S. Baldwin  
Madison WI 53703

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- Oppose**
- 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," 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.....      | 5 minutes |
| Information Hearing..... | 5 minutes |
| Other Items.....         | 3 minutes |

(See Back)

## Registration Statement - Page 2

Are you an elected official 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: 6/5/07

### City of Madison Registration Statement - Common Council

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**PRINT NAME CLEARLY**

05736

Agenda No. 11

Name Doug DeMott  
Address 1326 Dewey Court  
MADISON, WI 53707

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- Oppose**
- 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," 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.)*

Speaking Limits:

|                     |           |
|---------------------|-----------|
| Public Hearing      | 5 minutes |
| Information Hearing | 5 minutes |
| Other Items         | 3 minutes |

(See Back)

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

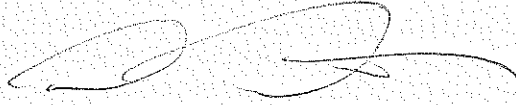
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Date 6/5/7

Signature 

Print Name Dody Demer

Date: 6/5/07

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

Please Print

**PRINT NAME CLEARLY**

05736

Agenda No. 11

Name Laura Lob  
Address 1233 E. Wilson Street  
Madison, WI 53703

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- Oppose**
- 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," 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 .....      | 5 minutes |
| Information Hearing ..... | 5 minutes |
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(See Back)

Registration Statement - Page 2

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Date 6/5/07

Signature Laura M. Lob

Print Name Laura M. Lob

Date: 6/5/07

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

Please Print

**PRINT NAME CLEARLY**

05736

Agenda No. 11

Name WILLIAM R. KARDASZ

Address 1311 E. WILSON  
MADISON WI 53703

Please check the appropriate boxes:



**Support**

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



**Oppose**

- 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," 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.)*

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing ..... 5 minutes  
 Other Items ..... 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

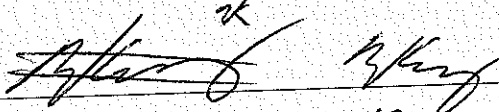
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes  No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date ~~6/5/07~~ 6/5/07 <sup>22</sup>

Signature   
Print Name W. KARDASE



Date: 6-5-07

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

Please Print

**PRINT NAME CLEARLY**

Agenda No. 11 05736

Name ROSEMARY LEE  
Address 111 W WILSON ST  
MADISON 53703

Please check the appropriate boxes:

- Support**
- Wish to speak
- Do not wish to speak
- Available to answer questions

- Oppose**
- 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," 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 ..... 5 minutes  
Information Hearing ..... 5 minutes  
Other Items ..... 3 minutes

(See Back)

**Registration Statement - Page 2**

Are you an elected official 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, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes  No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

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