

Date: 11-12-12

EARLY PUBLIC COMMENT Registration Statement - Common Council 2013 CAPITAL BUDGET

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Betty Lileas

Address: 1408 Theresa Terr
Madison WI 53711

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>executive capitol</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
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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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Signature _____

Print Name _____

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PLEASE PRINT CLEARLY

Name: TAMAR PARDEE

Address: 630 S JACOBS WAY
MADISON, WIS
53711

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>EXECUTIVE CAPITAL BUDGET</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>0-2</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
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PLEASE PRINT CLEARLY

Name: Ella Jelks

Address: 5806 Russett Rd
Apt 1 madison wt
53711

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>executive Capitol</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
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PLEASE PRINT CLEARLY

Name: J. R. SIMS

Address: MADISON

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>C6</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
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Name, address and telephone number of each person or organization you are representing:

100 BLACK MEN OF MADISON, INC

Are you being paid for your representation?

Yes No

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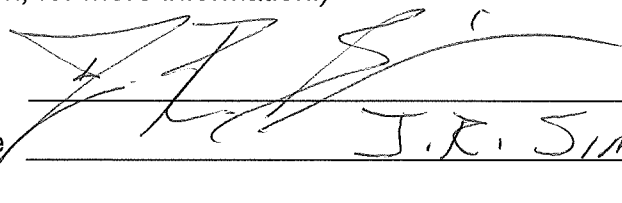
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Date 11/13/12

Signature 
Print Name J.R. SIMS

Date: 11-13-12

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PLEASE PRINT CLEARLY

Name: Kevin Wymore

Address: 1422 Lucy Ln
Madison, WI

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>C-2</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
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2013 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Name: AMOS ANDERSON

Address: P.O. BOX 787
MADISON WI 53701

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>06</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
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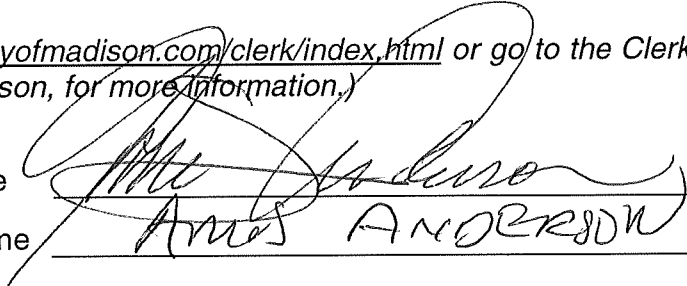
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Date 11/13/12

Signature 
Print Name AMES ANDERSON

OPERATING

Date: 11/12/12

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PLEASE PRINT CLEARLY

Name: MARK WEISS

Address: W 8861 Deer Run Tr
City

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

↓ OVERTURE center ↓ ? ↓

Amendment No. <u>0-11</u> 01-M	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>0-9</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>0-11.3</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
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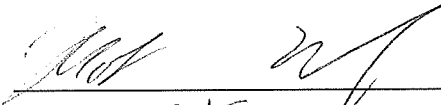
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PLEASE PRINT CLEARLY

Name: Sherrin Schwartz

Address: Prairie Rd
Madison 53711

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. _____ <i>2 million for Community Ctrs</i>	<input checked="" type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
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PLEASE PRINT CLEARLY

Name: Ladushka Bender

Address: Theresa Terrace
Wks. 53711

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. _____ <i>2 million for Community Ctrs</i>	<input checked="" type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Available to answer questions
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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.)

(SEE BACK)

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.)

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Date _____

Signature _____

Print Name _____

Date: 11-13-12

CITY OF MADISON
Registration Statement - Common Council
2013 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: ENIS RAGLAND

Address: 4926 Retana Dr.
MADISON 53714

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>C-6</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 11/13/12

CITY OF MADISON
Registration Statement - Common Council
2013 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Gloria Meyer

Address: 13 Jacobs CT

Capital Budget - Neighborhood

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



capital budget #2



Antes



Amendment No. _____	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Date 11/13/12

Signature *Gloria K Meyer*
Print Name Gloria K Meyer

Date: 13 Nov 2012

CITY OF MADISON
Registration Statement - Common Council
2013 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: BIRL LOWERY

Address: 7702 GRAY FOX TRAIL
MADISON, WI 53717

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>C6</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: Nov 13, 2012

CITY OF MADISON
Registration Statement - Common Council
2013 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Ramona Lowery

Address: 7702 Gray Fox Trail
Madison, WI 53717

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>06</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON
Registration Statement - Common Council
2013 CAPITAL BUDGET

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PLEASE PRINT CLEARLY

Name: Alfonso Morales

Address: 5302 Shawano Ter
Madison WI 53706

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>C6</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Date _____

Signature _____

Print Name _____

Date: 11/13/2012

CITY OF MADISON
Registration Statement - Common Council
2013 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Brian Mitchell

Address: 452 SUNSET
DeForest, WI

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>06</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Date _____

Signature _____

Print Name _____

Date: 12/13/17

CITY OF MADISON
Registration Statement - Common Council
2013 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: GEORGE YELDER

Address: 7722 CALLINGTON DR Apt B
MADISON, WI

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>C-6</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions
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Date 11/13/12

Signature 

Print Name George Yander

13 NOV 2012

Date: _____

CITY OF MADISON
Registration Statement - Common Council
2013 OPERATING BUDGET

CAPITOL

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: FLOYD ROSE

Address: 3029 WAUNONA
MADISON 53713

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>C-6</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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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 whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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.)

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.)

Date _____

Signature _____

Print Name _____

Date: 11-13-12

CITY OF MADISON
Registration Statement - Common Council
2013 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: DERRICK L. SMITH

Address: 7533 SAWMILL RD
MADISON, WI 53717

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>C6</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

100 BLACK MEN OF MADISON, INC

REGISTRATION STATEMENT - PAGE 2

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

100 BLACK MEN OF MADISON, INC.

MADISON, INDI

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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Date _____ Signature _____

Print Name _____