

Date: 3-21-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name Jean Mac Ceibbin
Address 3530 Heather Crest
MADISON 53705

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

(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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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 3/21/06

Signature *Sean M. MacCubbin*
Print Name Sean M. MacCubbin

Can I ~~help~~ please speak before 7:45 PM

Date: 7:45 PM

CITY OF MADISON

Thank.

Registration Statement - Common Council COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name: Michael Fiore, MD
Address: 1107 Rutledge St
Madison

Please check the appropriate boxes:

65

- Support
Oppose Cigar bar Exemption
Neither Support Nor 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

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

Are you appearing as part of your other paid duties for this person or organization? Yes No

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

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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 3/21

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

| |
|----------------------|
| Agenda No. <u>65</u> |
|----------------------|

Name Gary Poulson

Address 627 Charles Ln

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:
Tohacco Free Dore County Zoo

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: 3/21/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

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

Name Valerie Larsem
 Address 548. W. Johnson Apt 408
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
 (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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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

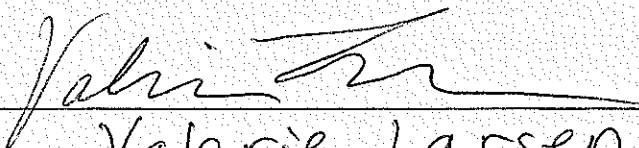
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date 3/21/06

Signature 
Print Name Valerie Larsen

Date: 3-21-06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

03037

Please Print

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Agenda No. 65

Name Maureen Basalacchi
Address 7710 Gray Fox Trail

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:

SmokeFreeWI
401 Wisconsin
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

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 3/21/06

Signature Maureen Basalacek
Print Name Maureen Basalacek

Date: March 21, 2006

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

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Agenda No. 65

Name Daniel Sebald
Address 1553 Adams St #AB
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 _____

Signature _____

Print Name _____

Date: 3/21/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

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Agenda No. 65

Name MICHELE A. TJADER
Address 2146 E MITCHELL 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
(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

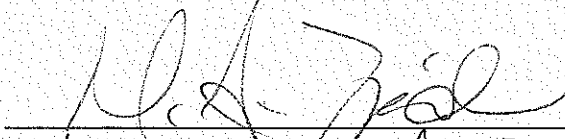
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Date 3/21/06

Signature 
Print Name MICHELE A. TJADER

Date: 3/21/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

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Agenda No. 65

Name BRIAN HALTINNER
Address 117A E. MAIN ST.
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
(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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Date _____

Signature _____

Print Name _____

Date: 21-Mar-06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name Seniferk Thompson
Address 117 A E. Main St
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
(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:

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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: 21 March 2006

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

| |
|----------------------|
| Agenda No. <u>65</u> |
|----------------------|

Name Vanessa Shipley

Address 811 Jenifer St.
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
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| | | |
|------------------|--------------------------------------|-----------|
| 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: 21 March 2006

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65 (Leg. File 03037)

Name MARK MAROHL
Address 745 E. GORHAM
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.)

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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: 3/21/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name Brook Chisholm
Address 1009 Lowell St. #4
Madison, WI 53715

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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Speaking Limits:

| | |
|---------------------------------|-----------|
| Public Hearing (Common Council) | 5 minutes |
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| Other Items | 3 minutes |

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 3/21/06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name Kim Moreland
Address 117 A East Main St.
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
(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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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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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: 3-21-06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65 - Tobacco Bar

Name ROSEMARY LEE
Address 111 W WILSON ST #118
MADISON 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
(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

*(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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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: 3/21/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name George Yelder
Address 7722 CAMINGTON DR #10
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.)

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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Date _____

Signature _____

Print Name _____

Date: 3-21-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name Joe Fuller
Address 5741 Rosslane Ln
Fitchburg 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

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: 3-21-00

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

| |
|----------------------|
| Agenda No. <u>65</u> |
|----------------------|

Name DAVID WILLBORN

Address 144 DAYTON ROW
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
 (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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Date _____

Signature _____

Print Name _____

Date: 3-21-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name JOSEPH J. SCALISSI
Address 5209 MESA RD.
MONONA WI 53714

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

*(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 _____

Signature _____

Print Name _____

Date: 3/21/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65 (cigar exemption)

Name Kristin Wiseman
Address 431 W Gorham #304
Madison, WI 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak (maybe)
 - 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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Date _____

Signature _____

Print Name _____

Date: 3-21-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name Deb Scalissi
 Address 5209 Mesa Rd.
Madison (Monona) WI 53716

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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Date _____

Signature _____

Print Name _____

Date: 3/21/2006

CITY OF MADISON

Registration Statement - Common Council

03037

COMMITTEE

Please Print

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Agenda No. 65

Name Alison Prange
Address 208 Lakewood

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:
American Cancer Society

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: 3-21-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

D3037

Please Print

PLEASE PRINT CLEARLY

I oppose any weakening of the ordinance!

Agenda No. 65

Name Uz Sanger

Address 143 W. Gilman #700

Madison, WI 53703

Dist. 4

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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Date _____

Signature _____

Print Name _____

Date: 3/21/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name Scott Spore
Address 270 Bunting Ln
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
(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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(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: 3-21-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03237

Please Print

PLEASE PRINT CLEARLY

Name KRISTEN VELVINGTON
Address 926 COLLEGE CT. APT. 110
MADISON, WI 53715

Agenda No. 65

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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Date _____

Signature _____

Print Name _____

Date: 01-21-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

D3037

Please Print

PLEASE PRINT CLEARLY

| |
|----------------------|
| Agenda No. <u>65</u> |
|----------------------|

Name FRANK A. SCHATZLEY
 Address 734 SO. GARDNER #3
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.)

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

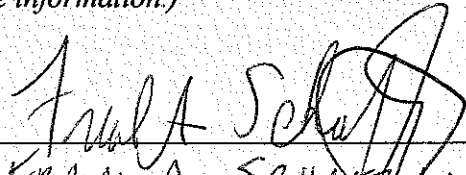
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date 03-21-06

Signature 
Print Name FRANK A. SCHATZLEY

Date: 3/21/2006

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

03037

Please Print

Agenda No. 65

PLEASE PRINT CLEARLY

Name Christain Thompson
Address 1 East Gilman St
Apt. 103 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
(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.)

Date 5/21/2006 Signature 
Print Name Chris Thompson

Date: 3/21/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name GREGORY M. HINES
Address 2414 LAFOLLETTE AVE
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
(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

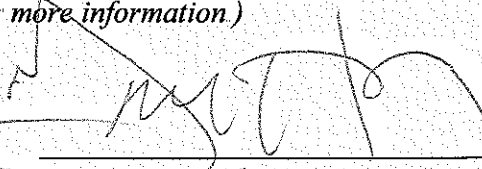
*(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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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.)

Date 3/21/06

Signature 
Print Name GREGORY M. HIZE

Date: 3-21-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name SHANE DECEMBER
Address 2414 LAFOLLETTE AVE.
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
(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

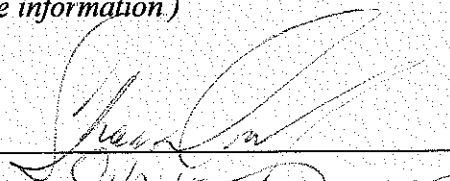
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(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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(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 3-21-06 Signature 
Print Name SHANE R. DEEMBE

Date: 03-21-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

| |
|----------------------|
| Agenda No. <u>65</u> |
|----------------------|

Name Matthew Bekkering
 Address PO Box 44143
Madison, WI 53744

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

(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.)

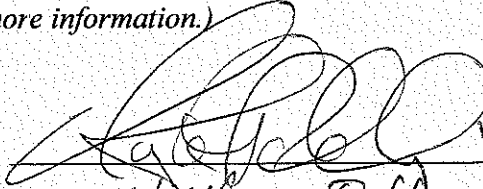
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 03-21-06

Signature



Print Name

Matthew Betfeger

Date: 5-21-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name Jason Wright
Address 302 Morris Ct Ap 6
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
(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

*(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 _____

Signature _____

Print Name _____

Date: 3 21 06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name David Bacco
Address 4910 Ascot Ln #1
Madison WI 53711 1762

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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Date _____

Signature _____

Print Name _____

Date: 03 21-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name Amanda Park II
Address 117 E. Main Apt. A
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
(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

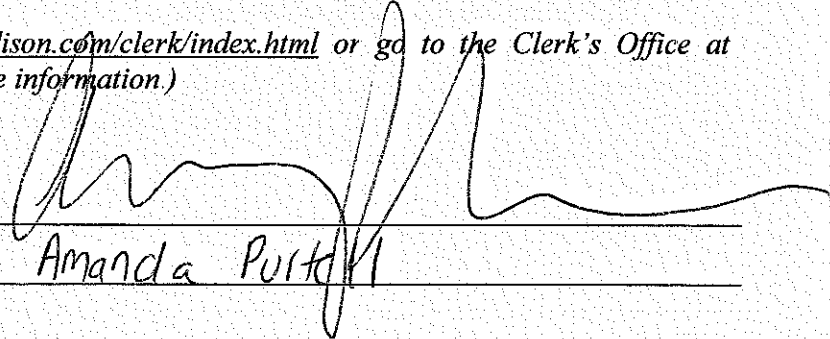
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Date 5-21-06

Signature 
Print Name Amanda Purdy

Date: 3/21/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name Jason Dehan
Address 2417 E. Dayton 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
(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

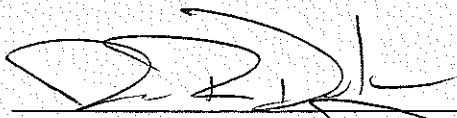
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Date 3/21/06

Signature 
Print Name Jason R Penham

Date: 3/21/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name DIANE BLUM
Address 5720 FORGE DR
MADISON WI 53716

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.)

Date _____

Signature _____

Print Name _____

Date: 3/21/06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

03037

Please Print

Agenda No. 65

PLEASE PRINT CLEARLY

Name Michael R. Kleist
Address 8318 Mansion Hill Ave Apt D
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.)

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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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: 3/21/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name Daina Zemlianskas-Juozeniclus

Address 701 South Shore Drive

Madison WI 53715

Please check the appropriate boxes:

- Support** *Amendment of Sect. 25.05* and
- Oppose**
- Neither Support Nor 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," 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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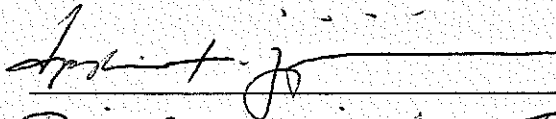
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature



Print Name

Daina P. Zemliauskas-Jrozencius

Date: MARCH 21, 2006

CITY OF MADISON

Registration Statement - Common Council

03037

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 65

Name DANIEL O'BRIEN
Address 110 S. FRANKLIN
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:

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.)

Date _____

Signature _____

Print Name _____

Date: 3-21-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

| |
|----------------------|
| Agenda No. <u>82</u> |
|----------------------|

Name SHARON WILLIAMS
 Address 327 E. Bluff
MADISON WISC 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
 (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:

All Madison Metro Drivers / Passengers
who are for CAMERA'S on city buses

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: 3-21-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

| |
|----------------------|
| Agenda No. <u>65</u> |
|----------------------|

Name SHARON WILLIAMS
 Address 327 E Bluff
MADISON 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
(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.)

Date _____

Signature _____

Print Name _____

Date: 3/21/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

PLEASE PRINT CLEARLY

| |
|----------------------------------------------------------|
| Agenda No. <u>#65</u> Legislative file # <u>03037</u> |
|----------------------------------------------------------|

Name JOHN L. JUZEVICIUS

Address 701 SOUTH SHORE DR
MADISON, WI 53715

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

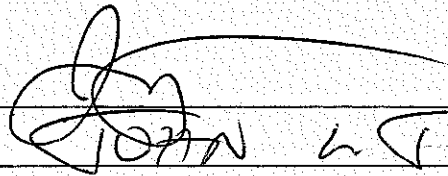
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 2/21/06

Signature 
Print Name JOHN W. HORVATH

It's a cigar bar !!

Date: 3-21-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

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|----------------------|
| Agenda No. <u>65</u> |
|----------------------|

Name Kevin Stohlmeyer
 Address 4733 Hayes Rd #216
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
 (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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 (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: March 21, 2006

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

Agenda No. 65

PLEASE PRINT CLEARLY

Name Michael J. Morris
Address 807 Jenifer St

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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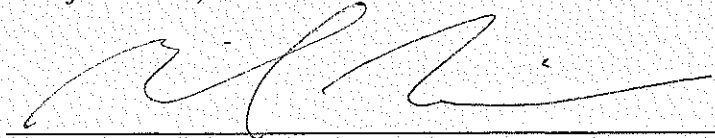
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Date March 21, 2006

Signature



Print Name

Michael Morris

Date: 3/21/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

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Name Louie Klanchich

Address _____

Agenda No. 65

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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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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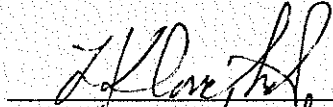
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Date 3/21/06

Signature 
Print Name L. Klarkich

Date: 3-21-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

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Agenda No. 65

Name Jessica Seemeyer
Address 1 E Gilman St #401
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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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: 2-21-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

03037

Please Print

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Agenda No. 65

Name Russell Novkov
Address 4817 Sheboygan Ave 508#
Madison, WI 53703-2917

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

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 |

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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