



Date: 10/5/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 33

Name DAVIN PICKELL
Address 17 Merrill Crest Dr.
Madison, WI 53705

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak
- Available For 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:

AFSCME LOCAL 60
IATSE LOCAL 251

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

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COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. <u>33</u>

Name Lucyna Shenker
 Address 4610 Waukesha St
53705

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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.)

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 Information Hearing3 minutes
 Other Items3 minutes

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PLEASE PRINT NAME CLEARLY

Agenda No. 33

Name Kathleen Rideout
Address 405 N Baldwin St

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

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:
Asseme Local 60

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

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PLEASE PRINT NAME CLEARLY

Name Chris Gauthier
Address 2125 Davis Hills Dr
Vernon, WI 53593

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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:

IATSE #251
1602 S. Park St. #224
Madison 53715

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

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PLEASE PRINT NAME CLEARLY

Agenda No. 33

Name

Alison Jones Chalm

Address

2334 West Lawn
Madison 53711

Please check one:

AND

Please check:

Support

Wish to Speak

Oppose

Neither Support Nor Oppose

Support OCA

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

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Date: 10.5.10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

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PLEASE PRINT NAME CLEARLY

Agenda No. 33

Name Robert Stickney
Address 2352 Superior St.
Madison WI 53703

Please check one:

AND

Please check:

- Support**
- Oppose**
- Neither Support Nor Oppose**

Do not wish to speak

At this meeting are you representing an organization or a person other than yourself: Local 60 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:
I support keeping city employees at the
overture center.

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

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DO NOT WISH TO SPEAK FORM

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COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. 33

Name Alexis Turner
Address Richie Road
Verona WI

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

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:
AFS & ME LOCAL 60 With the City, Local
60 is invested in the success of the Overture
Center.

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

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COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. 33

Name Robiel Tesfasilasie
Address 9 Straubel ct # 407
Madison, WI 53704

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Do not wish to speak

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.)

LOCAL 60

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

Support Local 60 at Orientor Center

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

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Agenda No. 33

Name Jane Goglio (GO-LEO)
Address 944 E. Dayton St.
Madison

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

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.)

AFSCME Local 60

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

Support retaining local 60 city jobs at
Overture for the Arts Center

Thank you

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

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DO NOT WISH TO SPEAK FORM

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Agenda No. 33

Name Sue Thompson
Address 3201 Milwaukee St
Madison, WI

Please check one:

AND

Please check:

- Support**
- Oppose**
- Neither Support Nor Oppose**

Do not wish to speak

Maintain local led jobs @ the Overature Center

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:

AFSCME local led

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

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Name _____

Address _____

Please check one:

AND

Please check:

- Support *the staffing study as it maintains local 60 jobs at the Overture*
- Oppose
- Neither Support Nor Oppose
- Do not wish to speak

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.)

Local 60

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:

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- Information Hearing 3 minutes
- Other Items 3 minutes

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Agenda No. 33

Name Daniel Dixon
Address 111 W Wilson #605
Madison 53703

Please check the appropriate box:

Please check the appropriate box:

Support

AND

Do not wish to speak

Oppose

Neither Support Nor Oppose

*Maintain city union jobs
contract at Overture*

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:

Local 60 supporting union workers

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

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Date: 10/5

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COMMITTEE

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Agenda No. 33

Name JAY YOUNG

Address _____

Please check the appropriate box:

Please check the appropriate box:

Support

AND

Do not wish to speak

Oppose

Neither Support Nor Oppose

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:

LOCALS 60 & 251

OPPOSE ADOPTION OF AMS FOCUS PLAN

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

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CITY OF MADISON

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Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 33

Name Felipa Lopez
Address 42 Malibu Dr
MADISON, WI

Please check one:

AND

Please check:

- Support**
- Oppose**
- Neither Support Nor Oppose**

- Do not wish to speak**

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:
Local 60 Support Overture Center
Report

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

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Registration Statement - Common Council

COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. 33

Name John Neis
 Address 2002 Elka Ln #3
Madison 53714

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

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:

local 60 - Support Maintaining local 60
Jobs at Overture

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

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DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. #33

Name Jeff Fiscus
 Address 105 N. Thompson Dr
Madison, WI 53714

Please check the appropriate box:

Please check the appropriate box:

Support

AND

Do not wish to speak

Oppose

Neither Support Nor Oppose

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:

Local 60 supports maintaining local
60 jobs at overture in city
Parking Ramp

Are you being paid for your representation?

Yes No

Are you appearing as part of your other paid duties for this person or organization?

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Yes No

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

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