



20225

Date: 11-9-2010

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70

Name Bessie Cherry
Address 2136 Rusk Street
Madison, WI

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.)

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

(SEE BACK)

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Date: 11/9/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70

Name Lori Kief
Address 4413 Doe Crossing TR
Madison 53704

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: 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.)

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

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Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

<p>70+ 73 Agenda No. <u>73</u></p>
--

Name Stephen Fleischman
 Address Madison Museum of Cont. Art
227 State Street

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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

Madison Museum of Contemporary Art
227 State Street
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

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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

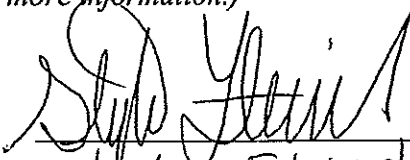
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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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 11/9/10

Signature 
Print Name Stephen Fleischman



Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70

Name JAY YOUNG

Address CROSS PLAINS

Please check one:

AND

Please check:

Support

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:

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 Hearing..... 3 minutes
Other Items..... 3 minutes

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Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70

Name Tiffany Orr
Address 1013 Valley Stream
Drive

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:

Tim Saws, Tommy Awards, 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

(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

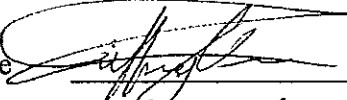
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date ~~11/9/2012~~
11/9/2010

Signature 
Print Name Tiffany Orr



Date: 10-9-2010

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70

Name Susan Crofton
Address 428 Xl Livingston
Madison, WI 53703

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:

Overture Center for the Arts

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: 11-9-10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70

Name Mary Pharmer
Address 513 Troy Dr
53704

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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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 11-9-10

Signature

Mary M Pharmel

Print Name

Mary M Pharmel



Date: 11/9/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70, 71, 72
#73

Name Alexis London
Address 1825 Melrose St.
Madison, WI 53704

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.)

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

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Date: 11-9-10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 70

PLEASE PRINT NAME CLEARLY

Name ROSEMARY LEE
Address 111 W WILSON
53703

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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Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

70, 71, 72, 73 ~~74~~
Agenda No. _____

Name SAMANTHA CROWNOVER
Address 2702 KENDALL AVE.
MADISON, WI 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:

BACH DANCING & DYNAMITE SOCIETY
P.O. BOX 2348
MADISON, WI

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
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Date: 11/9/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70, 71, 72 etc

Name TOM CARTO
Address 16 Cornucopia Ct.

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:

Overseer Center 201 State St.

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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WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 70

PLEASE PRINT NAME CLEARLY

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

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
AISCME 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
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Other Items..... 3 minutes

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Date: 11-9-2010

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Name LYDIA MAURER
Address @ 1913 SHELLEY Lane
MADISON WI 53704

Agenda No. 70, 71, 72, 73

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- 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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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 11-9-2010

Signature

Lydia Maurer

Print Name

LYDIA MAURER



Date: 11-09-10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70, 71, 72

Name JAMES EDWARDS
Address 526 WOODSIDE TERRACE
MADISON WI 53711

Please check one:

AND

Please check:

- Support 70
- Oppose 71, 72
- 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:

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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REGISTRATION STATEMENT - PAGE 2

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Date 11-09-10

Signature 

Print Name JAMES C. EDWARDS



Date: 11/9/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 70

PLEASE PRINT NAME CLEARLY

Name Joe Seibert

Address 321 Southing Grange
Cottage Grove WI
53527

Please check one:

AND

Please check:

Support

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
P.O. Box 989
Madison WI 53701

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: 11/9/00

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

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COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name Kathleen Rideout

Address 425 N Baldwin
Madison 53703

Agenda No. 70, 71 72

Please check one:

AND

Please check:

- Support 70
- Oppose 71 & 72
- 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:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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Date: 11/9/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70, 71, 72

Name David Wise
Address 3316 Ivy St.
Madison, WI 53714

Please check one:

AND

Please check:

- Support 70
- Oppose 71 & 72
- 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:

AFSCME 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.)

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Date: 11/9/00

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

John Neis

Address

2002 EKA Lane
Local Co

Agenda No. _____

Please check one:

AND

Please check:

Support 70

Do not wish to speak

Oppose 71, 72

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 Co

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: 11/09/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70, 71, 72

Name Ben Ratliffe
Address 1115 E. Wilson St #415
Madison WI 53703

Please check one:

AND

Please check:

- Support #70
- Oppose #71 & 72
- 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:

AFSCME 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.)

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(SEE BACK)



Date: 11/9/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70, 71, 72

Name Shawn L. BONDJOR
Address 509 Aztalan Dr

Please check the appropriate box:

Please check the appropriate box:

Support 70

AND

Do not wish to speak

Oppose 71, 72

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

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: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70, 71, 72

Name

Tim Binkley

Address

Please check one:

AND

Please check:

- Support # 70
- Oppose # 71 + 72
- Neither Support Nor Oppose

- Do not wish to speak

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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 who you represent and go on to the next question.)

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

Local CO

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 Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)



Date: 11-7-10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70

Name Walt Jackson
Address 2100 Hawkison Rd
Oregon, Wd 97155

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

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:

AFSCME 40, 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

(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

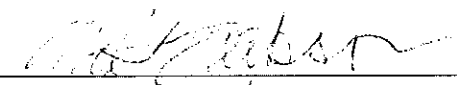
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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

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 10-9-10

Signature 

Print Name Matt Jackson



Date: 11/9/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70

Name Sue Thompson
Address 3301 Milwaukee St
Madison, WI

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

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:

AFSCME

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)



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 20

Name

Jeff

Address

105 N. Thompson -
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

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)



Date: 11/9/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70

Name June Goglio (GOLEO)
Address 944 E. Dayton St.
Madison

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.)

AFSCME
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: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)



Date: 11/9/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 70-73

Name LINDA BALDWIN
Address 2930 LAKELAND
MADISON

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:
MCAO

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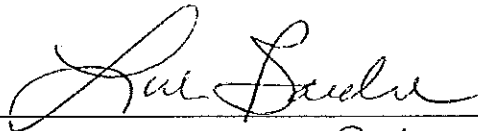
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11/9/10

Signature 

Print Name LISA BROWN