

#16894

Date: 1/19/2010

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 6

PLEASE PRINT CLEARLY

Name TIMOTHY HEATHAddress 6031 OLD MIDDLETON Road
MADISON WI 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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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: _____

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

Agenda No. 6

PLEASE PRINT CLEARLY

Name ALISON CRAIG
Address 13 Veblen Pl
Madison WI

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

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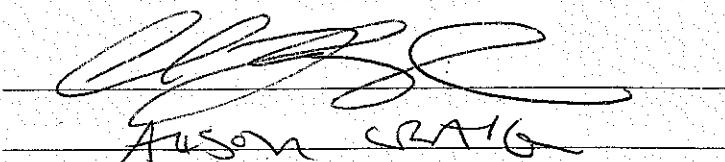
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Date

1/19/2010

Signature



Print Name

Alison Craig

Date: 1-19-10

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. #6

PLEASE PRINT CLEARLY

Name Nancy Diekelmann
Address 1705 Heim Avenue
Madison, WI 53705-1029

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 1-19-10

Signature Nancy Diekelmann

Print Name Nancy Diekelmann

Date: 19 JAN 10

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

Agenda No. 6

PLEASE PRINT CLEARLY

Name JOHN DIEKELMANN

Address 1705 HEIM

MADISON, WI 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

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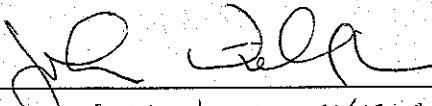
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 19 JAN 10

Signature 

Print Name JOHN DIEKEMANN

Date: 1-19-2010

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

old m-dleton Rd

Please Print

Agenda No. 6

PLEASE PRINT CLEARLY

Name

Bern Lawrik

Address

6233 countryside Lane
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
(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
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

Agenda No. 6
Old Middleton Road

PLEASE PRINT CLEARLY

Name Nancy Nikora
Address 41 Rough Lee Ct
Madison WI 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

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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: 1/19/10

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

Agenda No. 6

PLEASE PRINT CLEARLY

Name James N. Kora

Address 41 Rowan Lee Ct
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

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 Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 1-19-10

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

Agenda No. 6

PLEASE PRINT CLEARLY

Name Paul Gordon
Address 6216 Countryside Ln
Madison

Please check the appropriate boxes:

Support
 Oppose *in present form*
 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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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 1-19-10

Signature Paul Gertner

Print Name Paul Gertner

Date: 1-19-10

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

Agenda No. 6

PLEASE PRINT CLEARLY

Name Scott Knickelbine
Address 6233 Countryside Lane
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
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Yes No

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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

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

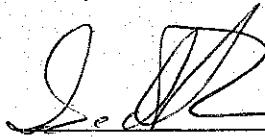
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Date 1/19/10

Signature 

Print Name Scott Kuehnel

Date: Jan 19, 2010

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

Agenda No. 6 16894

PLEASE PRINT CLEARLY

Name Don Gors
Address 22 Rough Lee Ct.

Please check the appropriate boxes:

Support
 Oppose As Designed
 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

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Date Jan 19, 2010

Signature Donald G Gorski

Print Name Donald G Gorski

Date: 1-19-10

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 6

PLEASE PRINT CLEARLY

Name Jean Knickelbine

Address 6233 Countryside Lane
Madison WI

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:

seen previously submitted on Middleton Road
petition forms submitted via email to: com
Jean Knickelbine 6233 Countryside Lane Madison
608-233-1233

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 1-19-10

Signature Jean K

Print Name Jean Knickelbine

Date: 1/19/2010

CITY OF MADISON

**Registration Statement - Common Council
COMMITTEE**

Please Print

Agenda No. 6

PLEASE PRINT CLEARLY

Name

Cheryl Buresh

Address

6131 Old Middleton Road

MADISON, WI 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
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Are you being paid for your representation?

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date Jan. 19, 2010

Signature Cheryl A. Buresh

Print Name Cheryl A. Buresh

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: 1-19-10

CITY OF MADISON

**Registration Statement - Common Council
COMMITTEE**

Please Print

Agenda No. 10

PLEASE PRINT CLEARLY

Name

Address

DAVID FEHEL
15 ROUGH LEE Ct.
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
(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)

Date: 1/19/2010

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

Agenda No. 4

PLEASE PRINT CLEARLY

Name DAVID R IHN
Address 1508 CAPITAL Ave
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.)*

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

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

Date _____

Signature _____

Print Name _____

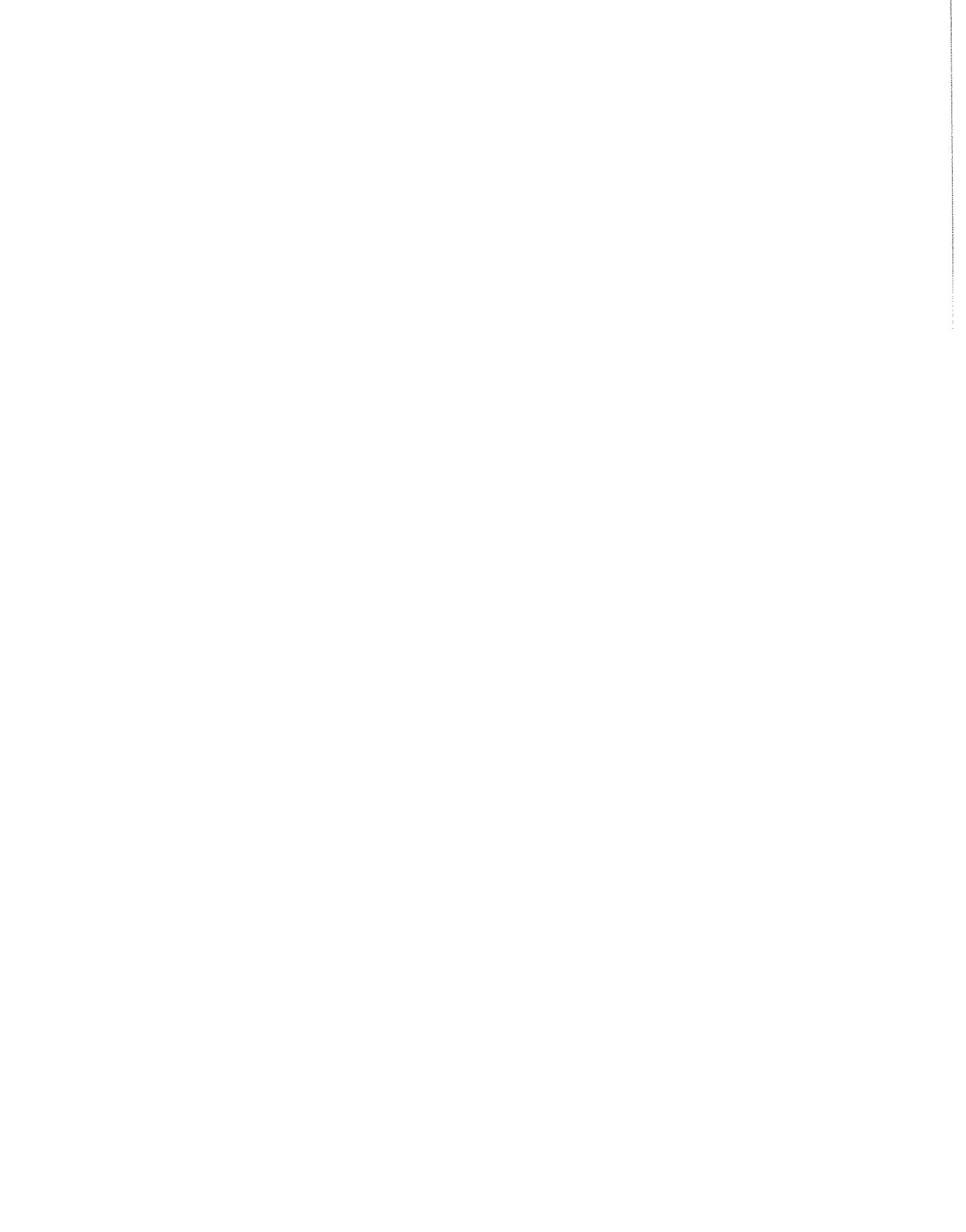
#16894

As residents of the Old Middleton Road Neighborhood, we object to the widespread destruction of the trees that will be caused by the proposed reconstruction of Old Middleton Road. Specifically:

1. We oppose removal of over 200 trees along the Old Middleton Road corridor.
2. We oppose clear-cutting of many more trees in the greenway adjacent to the Old Middleton Road corridor for the construction of sediment ponds.
3. We oppose work adjacent to old trees within the Old Middleton Road corridor that will endanger their continued survival.
4. We oppose any increase in the impervious surface area of Old Middleton Road.

Any implemented plan to rebuild Old Middleton Road should:

5. Confine construction to the area of the existing road bed.
6. Preserve the rustic character of Old Middleton Road.
7. Preserve the existing tree population



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2. Clear-cutting of the greenway adjacent to the Old Middleton Road corridor for the construction of sediment ponds.
3. Work adjacent to old trees within the Old Middleton Road corridor that will endanger their continued survival.
4. Increase in the impervious surface area of Old Middleton Road.

We request that any implemented plan to rebuild Old Middleton Road:

5. Confine construction to the existing road bed.
6. Preserve the rustic character of Old Middleton Road.
7. Preserve the existing tree population

Needs data entry

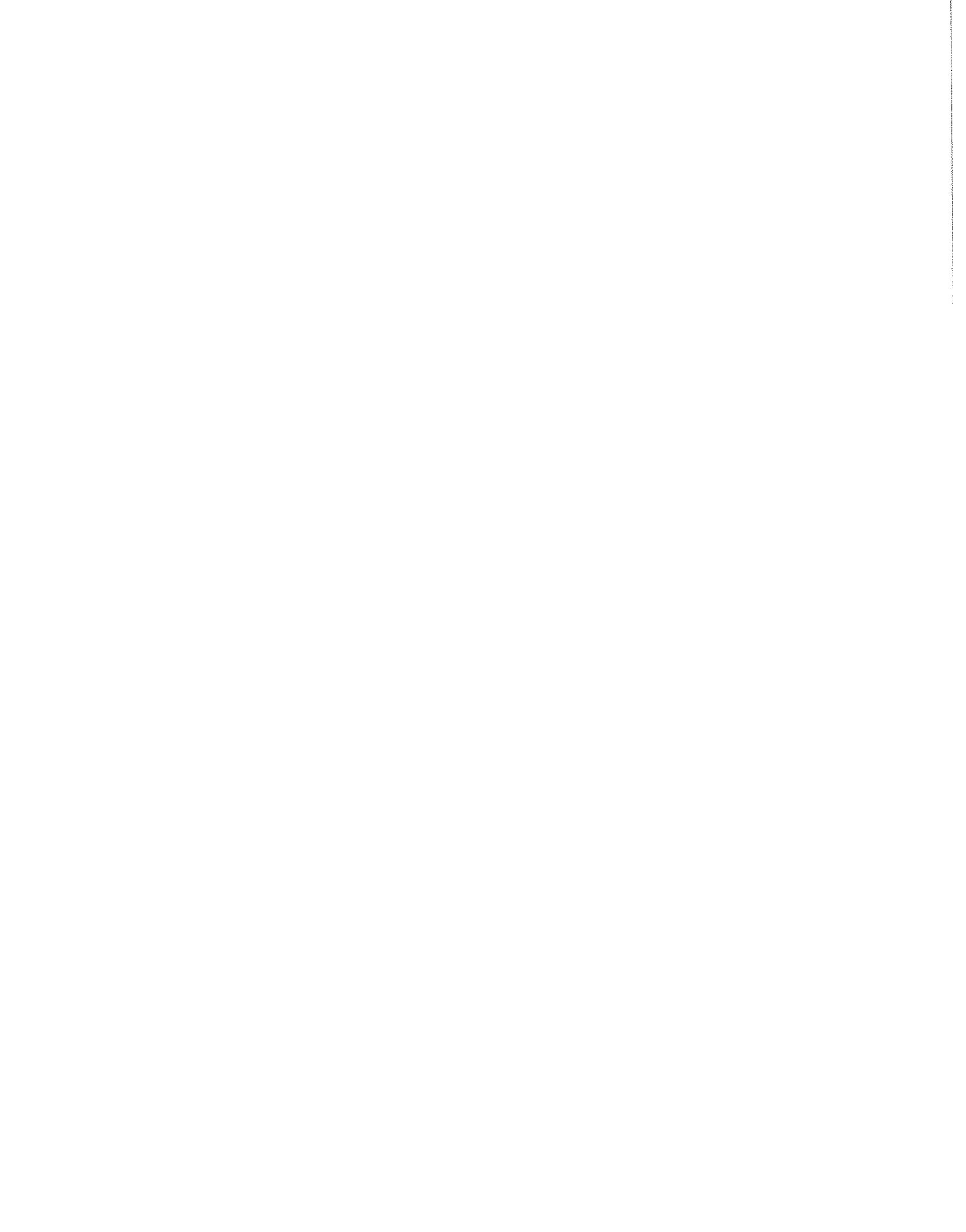
4137 1-18-10

As residents of the Old Middleton Road Neighborhood, we object to the widespread destruction of the trees that will be caused by the proposed reconstruction of Old Middleton Road. Specifically:

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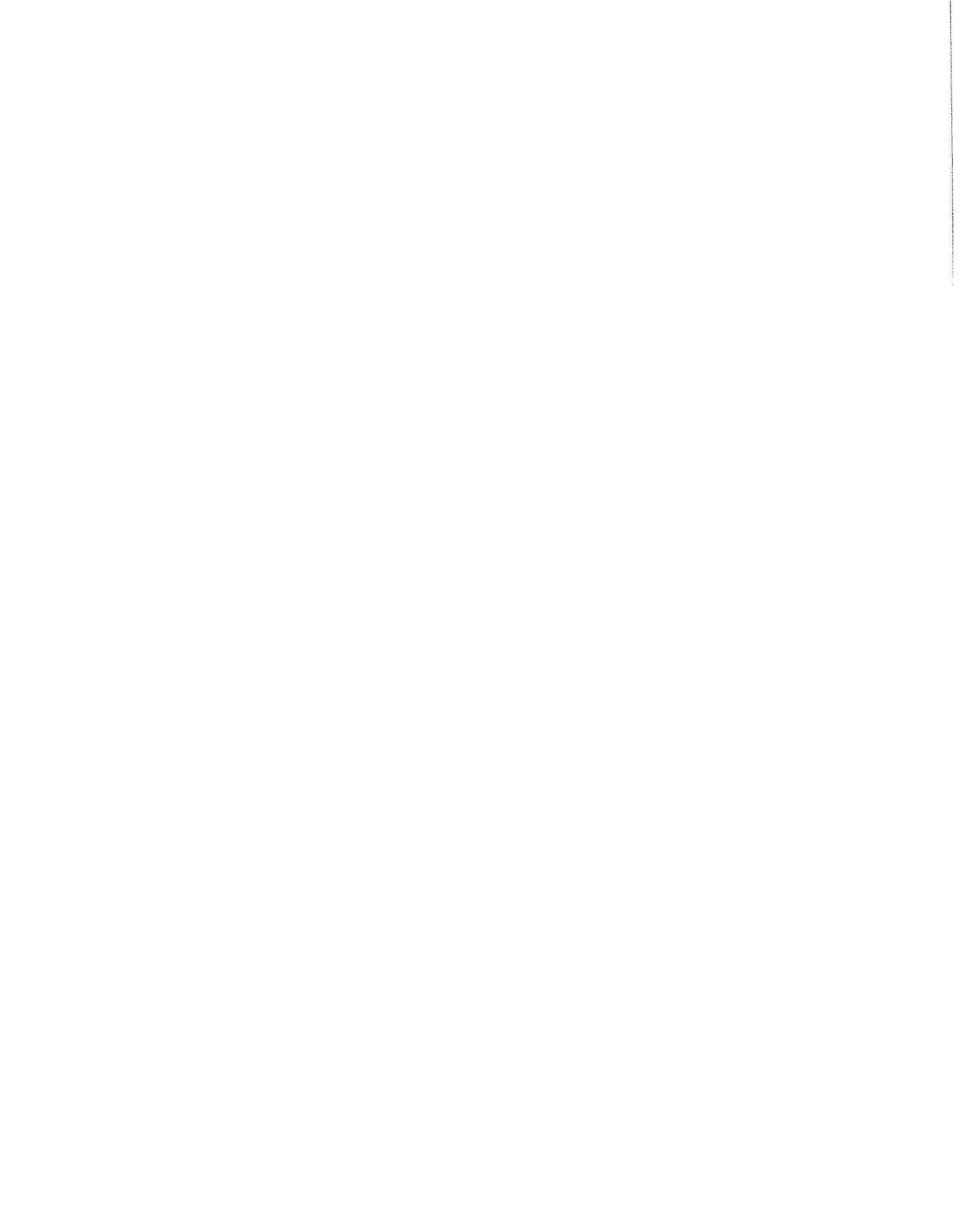


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Any implemented plan to rebuild Old Middleton Road should:

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As concerned citizens who appreciate the Old Middleton Road neighborhood, we object to the widespread destruction of the trees that will be caused by the proposed reconstruction of it. Specifically:

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Needs data entry
4.50 1-18-10

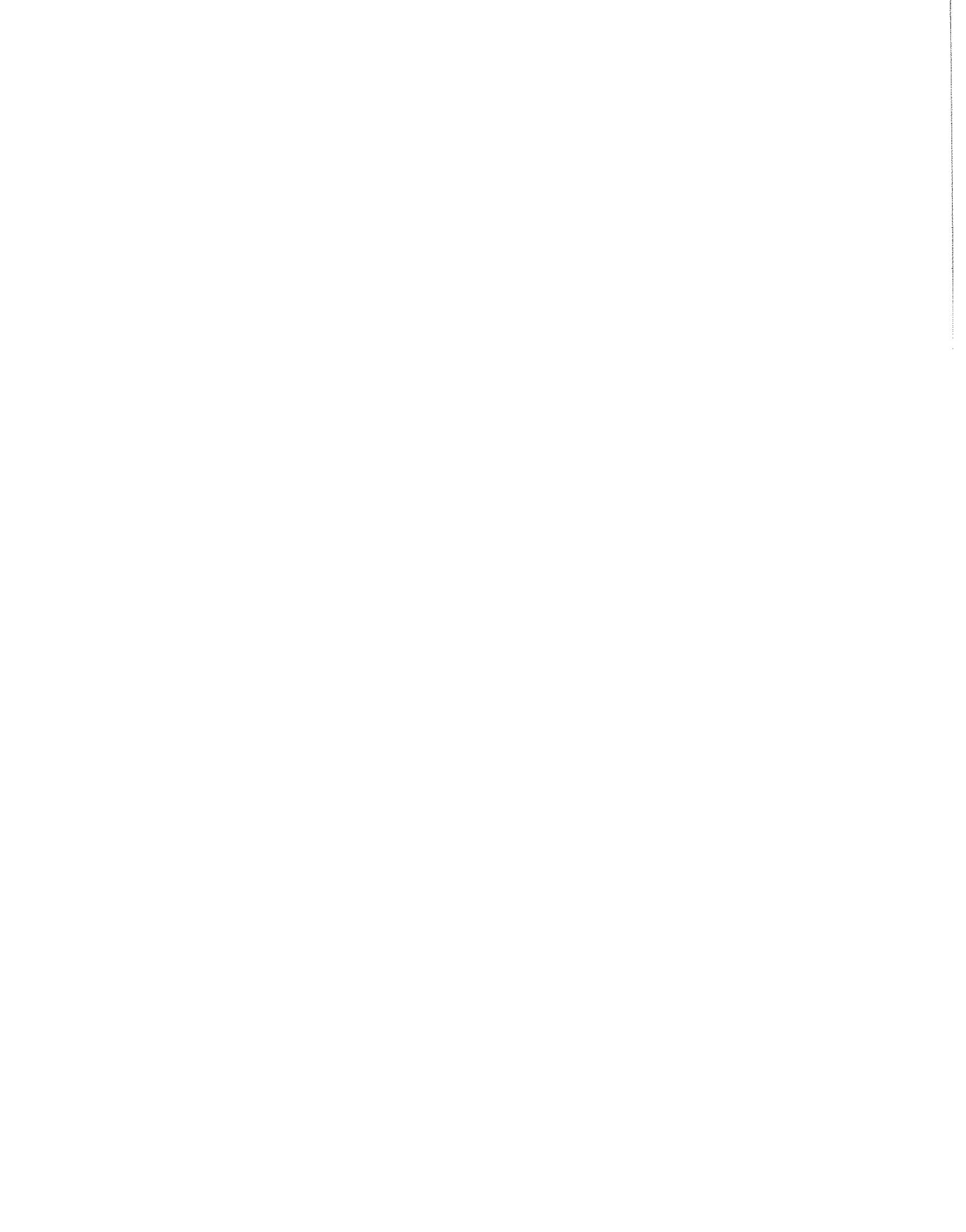
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Signature	Address	1	2	3	4	5	6	7
Cheryl Burek	6131 Old Middleton Road	✓	✓	✓	✓	✓	✓	✓
Jeff Smith	6131 Old Middleton Rd.	✓	✓	✓	✓	✓	✓	✓
John	6045 Old Middleton Rd.	✓	✓	✓	✓	✓	✓	✓
Paula Dicks	"	✓	✓	✓	✓	✓	✓	✓
Brody Yazz	6105 Old Middleton			✓	✓	✓	✓	✓
John & Linda	34 Rough Lee	✓	✓	✓	✓	✓	✓	✓
Don Gandy	34 Rough Lee Ct	✓	✓	✓	✓	✓	✓	✓
David Zabel	15 ROUGH LEE Ct.	✓	✓	✓	✓	✓	✓	✓
Michelle Schubert	6109 Old Middleton	✓	✓	✓	✓	✓	✓	✓
Sandy Nair	6138 Old Middleton	✓	✓	✓	✓	✓	✓	✓
Mark Dannerell	1402 Capital Ave, #400	✓	✓	✓	✓	✓	✓	✓
Robert Schubert	6109 Old Middleton	✓	✓	✓	✓	✓	✓	✓
W. Larry Hines	6134 Old Middleton Rd	✓	✓	✓	✓	✓	✓	✓
Jeffrey Ferguson	15 Rough Lee Ct	✓	✓	✓	✓	✓	✓	✓
Paula Dicks	"	x	x	x	x	x	x	x
John Becker	6218 OLD MIDDLETON	✓	✓	✓	✓	✓	✓	✓

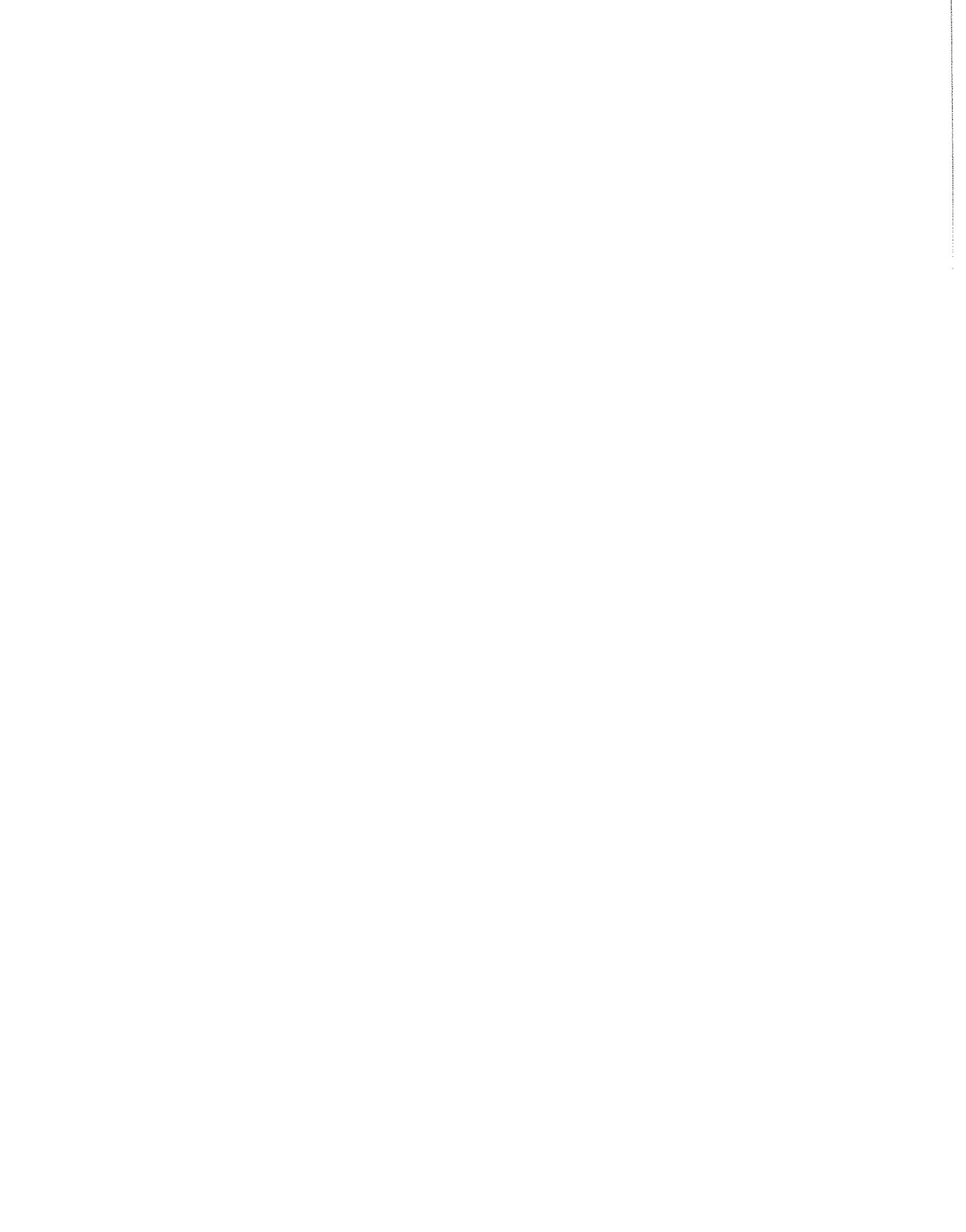


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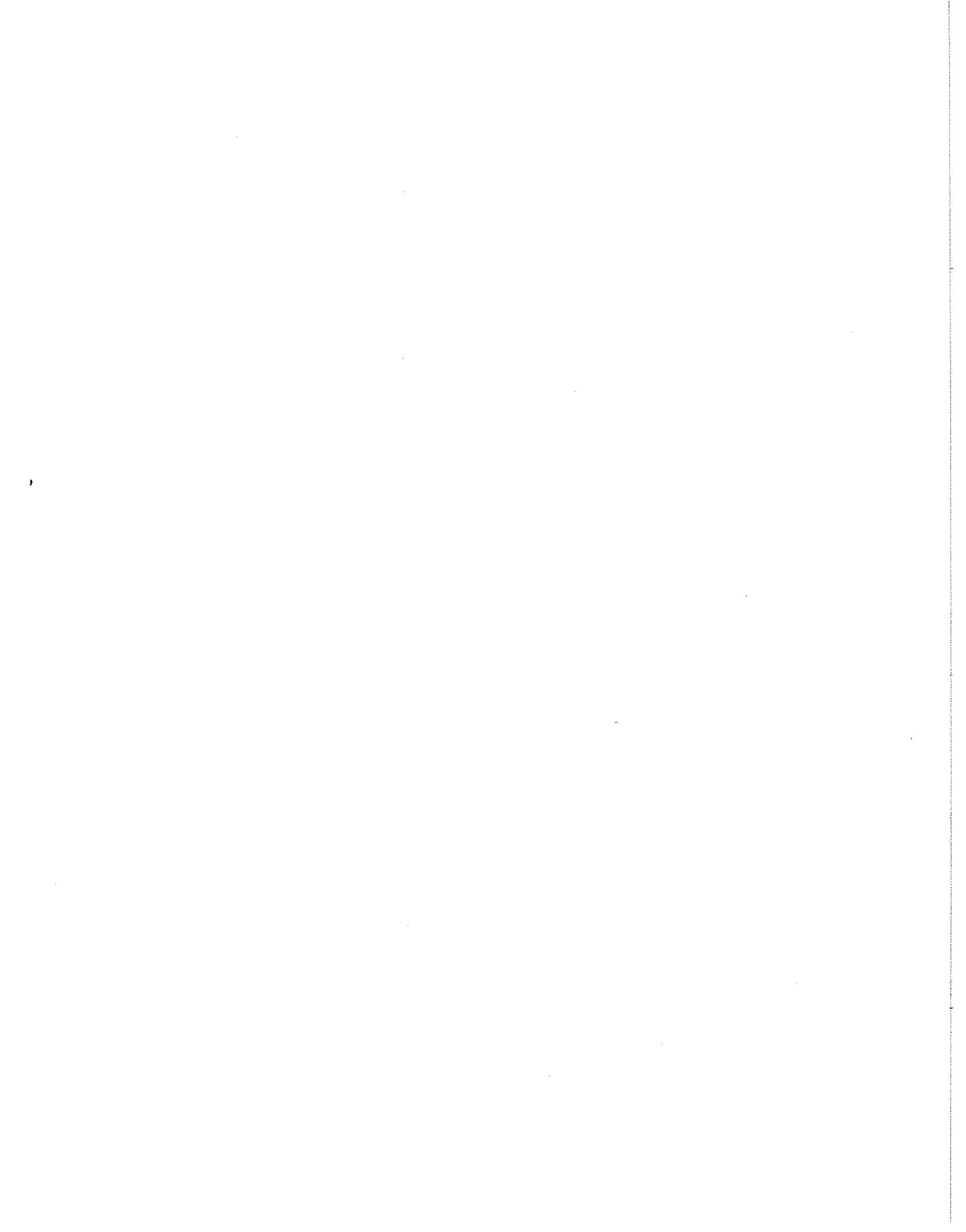
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John Dehl	1705 HEIM	✓	✓	✓	✓	✓	✓	✓
Dorothy Koeleman	1705 Heim Avenue	✓	✓	✓	✓	✓	✓	✓
Leonard Bally	1706 Heim Avenue	✓	✓	✓	✓	✓	✓	✓
Helen Heberlein	1713 Heim Ave.	✓	✓	✓	✓	✓	✓	✓
Dee Thom	1721 Heim Ave.	✓	✓	✓	✓	✓	✓	✓
Dr. Mike Thom	1721 Heim Ave.	✓	✓	✓	✓	✓	✓	✓
Betty E. Krause	6105 Quetico Dr	✓	✓	✓	✓	✓	✓	✓
Jeffrey Stamer	6102 Quetico Dr.	✓	✓	✓	✓	✓	✓	✓
Stephen K. Sauer	6102 Quetico Dr.	✓	✓	✓	✓	✓	✓	✓
Dorothy Koele	1725 Heim Ave.	✓	✓	✓	✓	✓	✓	✓
Edith First	1727 Heim Ave	✓	✓	✓	✓	✓	✓	✓
SUSAN PADBERY +	1729 Heim Ave	✓	✓	✓	✓	✓	✓	✓
Ross Richardson	1729 Heim Ave	✓	✓	✓	✓	✓	✓	✓
Bonnie Koele	1718 Heim Ave	✓	✓	✓	✓	✓	✓	✓
Ruel G. Max	6101 Quetico Ave	✓	✓	✓	✓	✓	✓	✓
Judy Max	6101 Quetico St.	✓	✓	✓	✓	✓	✓	✓

Needs data entry
4/9/10 1-18-10



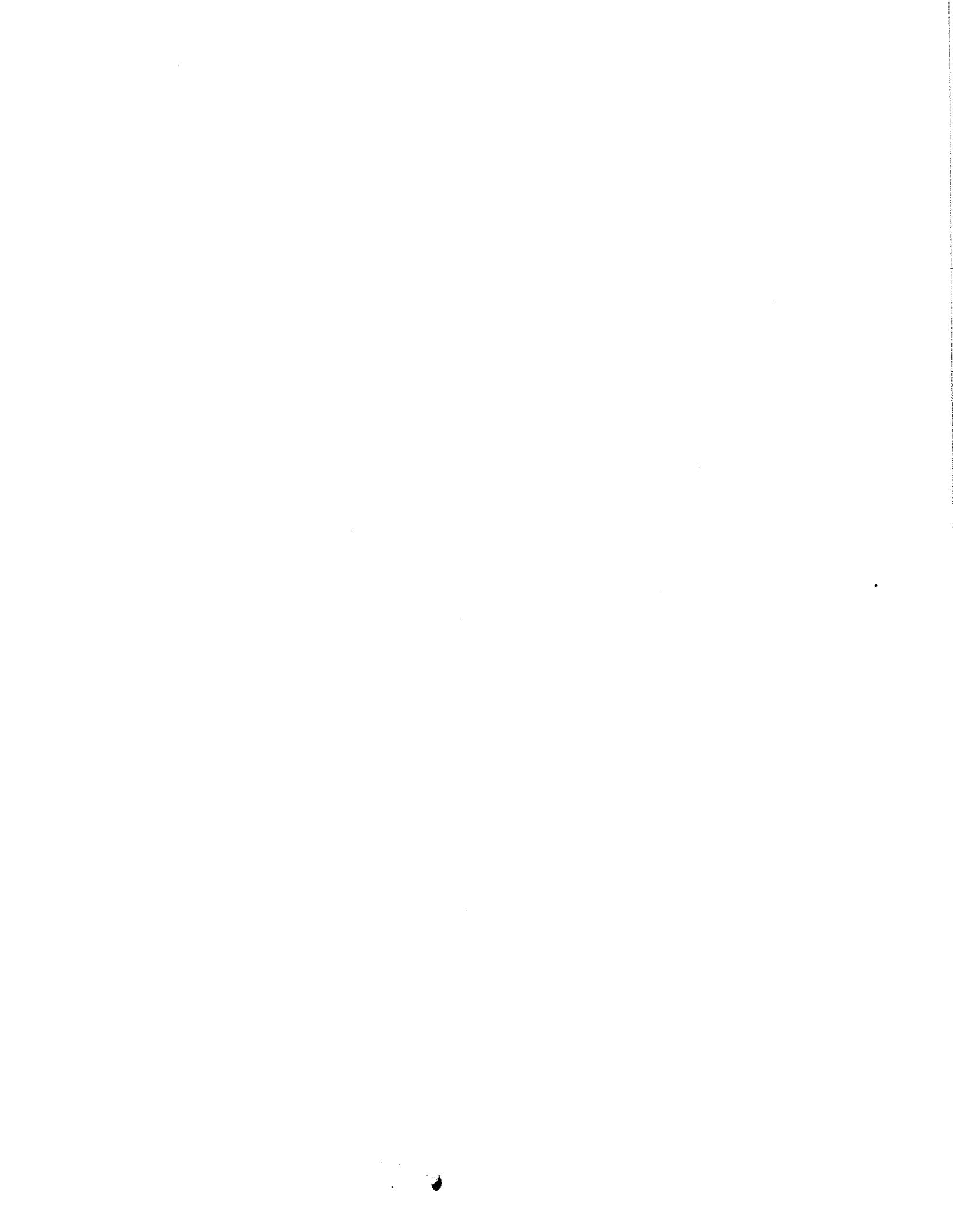
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Needs data entry
4:37 1-18-10

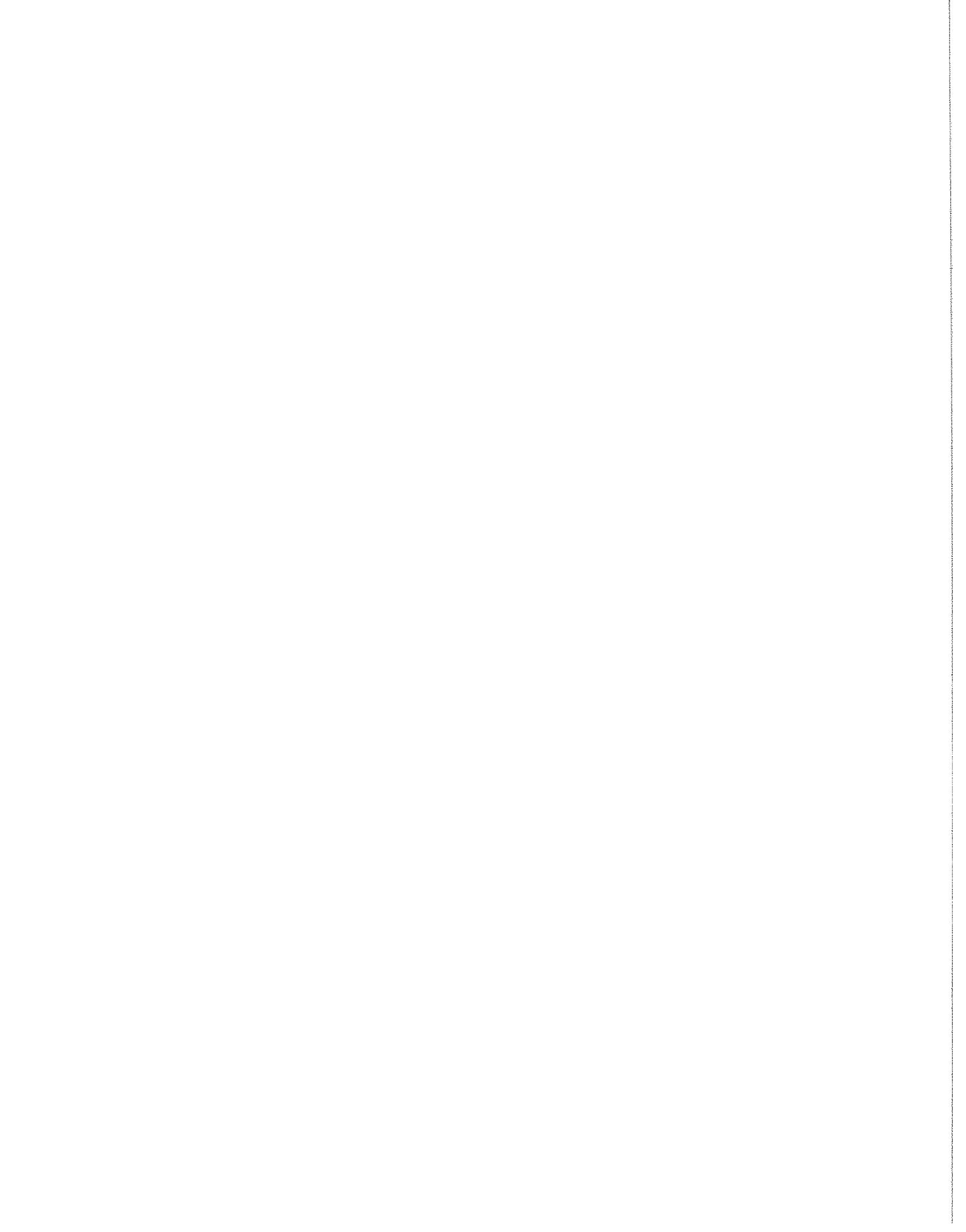


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John Gilleland	1602 Cypress Trail	✓	✓			✓	✓	
John Gilleland	1618 Cypress Trail	✓	✓		✓	✓	✓	
Deborah Bell	1622 Cypress Trail	✓		✓				
Kathy Rae Diven	1630 Cypress Trail	✓	✓	✓	✓	✓	✓	
Joseph Knobellini	6233 Countryside Lane	✓	✓	✓	✓	✓	✓	
Jeffrey Dugay	6114 Old Middleton	✓	✓	✓	✓	✓	✓	
Jeffrey Dugay	1614 Old Middleton	✓	✓	✓	✓	✓	✓	
Lyn P. Shewry	6010 Old Middleton Rd	✓	✓	✓	✓	✓	✓	
Robert & Mary Sosik	1 Royal Lee Ct	✓	✓	✓	✓	✓	✓	
Debra Mohs	1 Vehlen Rd	✓	✓	✓				
Sarah Harrison	6006 Old Middleton Rd #D	✓	✓	✓	✓	✓	✓	
P. Gilleland	6214 Old Middleton Rd	✓	✓	✓	✓	✓	✓	
John Gilleland	6018 Old Middleton Rd	✓	✓	✓			✓	
Kevin & Edie Colborn	37 Rough Lee Ct	✓	✓	✓	✓	✓	✓	
Jeffrey Dugay	9 Vehlen Rd	✓	✓	✓			✓	
John Gilleland	6221 Old Middleton Rd	✓	✓	✓	✓	✓	✓	

