

Date: 4-18-2006

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

03363

PLEASE PRINT CLEARLY

Name Dan Ross

Address 125 N Hamilton St. Unit 602
Madison WI 53703

Agenda No. 97

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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Agenda No. <u>97</u>

Name Charlie Squires
 Address 125 N. Hamilton St Unit 602
Madison, WI 53703

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

- and
- Wish to speak
 - Do not wish to speak
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Name MAXINE OKAFU

Address 213 Sunny meade LN
MADISON

Agenda No. 97

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

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

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Agenda No. <u>97</u>

Name EARNESTINE MOSS

Address 2101 POST RD, #106

FITCHBURG, VT 53713

Please check the appropriate boxes:

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

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

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CITY OF MADISON

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Agenda No. 97

Name Marilyn Feil
Address 3634 Alpine Rd
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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CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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Agenda No. 97

Name ALFONSO ZEPEDA-CAPISTRAN
Address 308 Foreston Dr
Cottage Grove, WI 53727

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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CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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Agenda No. 97

PLEASE PRINT CLEARLY

Name Vicky Selkore
Address 2969 Union St
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
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CITY OF MADISON

Registration Statement - Common Council

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03363

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Name Sheila Toledo

Address 1470 Mand st # 2
Madison WI

Agenda No. 97

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:

~~SEIU Local 1~~

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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CITY OF MADISON

Registration Statement - Common Council
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03363

PLEASE PRINT CLEARLY

Name ALEX GILLIS

Address 5102 MANITOWOC PARKWAY

Agenda No. 92

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

~~ORLANDO TO DO ARRIZ~~

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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Print Name _____

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CITY OF MADISON

Registration Statement - Common Council

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03363

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Name Hector O. Javira

Address 3324 Leopold Way #206
Madison WI 53713

Agenda No. 97

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- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
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~~Organization~~ ~~1000 A...~~

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Agenda No. 97

Name Salvador Carranza
Address 7837 Wood Reed Drive
Madison, WI 53719

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- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
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Agenda No. 97

Name Peter Munoz
Address 4102 Meadow Valley Dr.
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

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