

# REGISTRATION OF POSITION BEFORE THE Downtown Coordinating Committee

**Note:** All speakers registering a position to speak at a DCC meeting must have registered their request to speak prior to the introduction of that agenda item.

**SPEAKERS WILL HAVE A 3 MINUTE TIME LIMIT!**

**Please Print:** Name: Jeannette Kuehn Date: 6-21-12  
 Address: 414 State City: \_\_\_\_\_ Zip: 53703  
 Representing: self  
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda *	<u>5D</u>	Please Check Appropriate Area Below
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Support/Comments: (Indicate Subject) 26604 PANHANDLING

Wish to speak \_\_\_\_\_ Do not wish to speak \_\_\_\_\_

\_\_\_\_\_ Oppose/Comments: (Indicate Subject) \_\_\_\_\_

\_\_\_\_\_ Wish to speak \_\_\_\_\_ Do not wish to speak \_\_\_\_\_

\_\_\_\_\_ Neutral/No Opinion Comments: (Indicate Subject) \_\_\_\_\_

\_\_\_\_\_ Wish to speak \_\_\_\_\_ Do not wish to speak \_\_\_\_\_

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**Please Print:** Name: DAVID DIAMONDBSTONE Date: 6/21/12  
 Address: 2625 COOLIDGE ST City: MADISON Zip: 53704  
 Representing: SELF  
(Indicate "Self" if representing yourself or list name of organization)

<b>Please Indicate Item No. on Agenda *</b>		<b>Please Check Appropriate Area Below</b>
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\_\_\_\_\_ **Support/Comments: (Indicate Subject)** \_\_\_\_\_

\_\_\_\_\_ **Wish to speak** \_\_\_\_\_ **Do not wish to speak**

**Oppose/Comments: (Indicate Subject)** MAYOR'S  
PROPOSED AMENDMENT TO TAXI ORDINANCE

\_\_\_\_\_ **Wish to speak** \_\_\_\_\_ **Do not wish to speak**

\_\_\_\_\_ **Neutral/No Opinion Comments: (Indicate Subject)** \_\_\_\_\_

\_\_\_\_\_ **Wish to speak** \_\_\_\_\_ **Do not wish to speak**

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DIDNT APPEAR

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**SPEAKERS WILL HAVE A 3 MINUTE TIME LIMIT!**

Please Print: Name: Heidi Wegleitner Date: 8/2/12  
Address: 1941 E. Dayton St City: Madison Zip: 53704  
Representing: myself  
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda *	<u>D</u>	Please Check Appropriate Area Below
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         Support/Comments: (Indicate Subject) PANHANDLING

         Wish to speak          Do not wish to speak

Oppose/Comments: (Indicate Subject) Panhandling ordinance amendment.

Wish to speak          Do not wish to speak

         Neutral/No Opinion Comments: (Indicate Subject)         

         Wish to speak          Do not wish to speak

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**Please Print:** Name: Allen Barkoff Date: 6/21/  
Address: 2930 Barlow St City: Madison Zip: 53705  
Representing: Myself  
(Indicate "Self" if representing yourself or list name of organization)

<b>Please Indicate Item No. on Agenda *</b>	<u>D</u>	<b>Please Check Appropriate Area Below</b>
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\_\_\_\_\_ **Support/Comments: (Indicate Subject)** PANHANDLING

**Wish to speak** \_\_\_\_\_ **Do not wish to speak**

**Oppose/Comments: (Indicate Subject)** \_\_\_\_\_

\_\_\_\_\_ **Wish to speak** \_\_\_\_\_ **Do not wish to speak**

\_\_\_\_\_ **Neutral/No Opinion Comments: (Indicate Subject)** \_\_\_\_\_

\_\_\_\_\_ **Wish to speak** \_\_\_\_\_ **Do not wish to speak**

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**Please Print:** Name: Dave Peters Date: \_\_\_\_\_  
 Address: 149B Martin City: Madison Zip: 53713  
 Representing: \_\_\_\_\_  
(Indicate "Self" if representing yourself or list name of organization)

<b>Please Indicate Item No. on Agenda *</b>		<b>Please Check Appropriate Area Below</b>
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**Support/Comments: (Indicate Subject)** PANHANDLING

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Wish to speak \_\_\_\_\_ Do not wish to speak

**Oppose/Comments: (Indicate Subject)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wish to speak \_\_\_\_\_ Do not wish to speak

\_\_\_\_\_ **Neutral/No Opinion Comments: (Indicate Subject)** \_\_\_\_\_

\_\_\_\_\_ Wish to speak \_\_\_\_\_ Do not wish to speak

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**Please Print:** Name: Will Grubel Date: 6-21-12  
Address: 506 E Washington City: MADISON Zip: 53702  
Representing: SELF  
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda *	Please Check Appropriate Area Below
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         Support/Comments: (Indicate Subject) FAN HANDLING

         Wish to speak          Do not wish to speak

X Oppose/Comments: (Indicate Subject)         

ATTACK ON CITIZENS

X Wish to speak          Do not wish to speak

         Neutral/No Opinion Comments: (Indicate Subject)         

         Wish to speak          Do not wish to speak

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**Please Print:** Name: Brenda Konkel Date: 6/26/12  
 Address: 30 W Humboldt St City: Madison Zip: 53703  
 Representing: self  
(Indicate "Self" if representing yourself or list name of organization)

<b>Please Indicate Item No. on Agenda *</b>	<u>1</u>	<b>Please Check Appropriate Area Below</b>
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**Support/Comments: (Indicate Subject)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Wish to speak  Do not wish to speak

**Oppose/Comments: (Indicate Subject)** \_\_\_\_\_  
Stop Criminalizing Homelessness!  
 \_\_\_\_\_  
 \_\_\_\_\_

Wish to speak  Do not wish to speak

**Neutral/No Opinion Comments: (Indicate Subject)** \_\_\_\_\_

Wish to speak  Do not wish to speak

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**Please Print:** Name: Ken Thompson Date: June 21 2012  
Address: 1209 Gilsom St City: \_\_\_\_\_ Zip: 53705  
Representing: Self  
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda *	Please Check Appropriate Area Below
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Support/Comments: (Indicate Subject) PANHANDLING

\_\_\_\_\_

\_\_\_\_\_

Wish to speak  Do not wish to speak

Oppose/Comments: (Indicate Subject) \_\_\_\_\_  
This is the time we need to work  
pull together,

Wish to speak  Do not wish to speak

Neutral/No Opinion Comments: (Indicate Subject) \_\_\_\_\_

Wish to speak  Do not wish to speak

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**Please Print:** Name: Trina Clemente Date: 6/21/12  
 Address: 857 S Shore Dr City: Madison Zip: 53715  
 Representing: self  
(Indicate "Self" if representing yourself or list name of organization)

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\_\_\_\_\_ Support/Comments: (Indicate Subject) \_\_\_\_\_

\_\_\_\_\_  
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Wish to speak \_\_\_\_\_  Do not wish to speak

Oppose/Comments: (Indicate Subject) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Wish to speak \_\_\_\_\_  Do not wish to speak

\_\_\_\_\_ Neutral/No Opinion Comments: (Indicate Subject) \_\_\_\_\_

\_\_\_\_\_ Wish to speak \_\_\_\_\_  Do not wish to speak

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**Please Print:** Name: Ulysses (Uly) Williams Date: 6/21/12  
 Address: Streets City: Madison Zip: \_\_\_\_\_  
 Representing: \_\_\_\_\_  
(Indicate "Self" if representing yourself or list name of organization)

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\_\_\_\_\_ Support/Comments: (Indicate Subject) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Wish to speak \_\_\_\_\_  Do not wish to speak

Oppose/Comments: (Indicate Subject) arriving station 27.12  
pan handling  
 \_\_\_\_\_  
 \_\_\_\_\_

Wish to speak \_\_\_\_\_  Do not wish to speak

\_\_\_\_\_ Neutral/No Opinion Comments: (Indicate Subject) \_\_\_\_\_  
 \_\_\_\_\_ Wish to speak \_\_\_\_\_ Do not wish to speak

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**Please Print:** Name: BRUCE WALLBAUM Date: 6/21/12  
 Address: 1820 RUTLEDGE City: MADISON Zip: 53704  
 Representing: Self  
(Indicate "Self" if representing yourself or list name of organization)

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\_\_\_\_\_ Support/Comments: (Indicate Subject) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Wish to speak \_\_\_\_\_ Do not wish to speak

Oppose/Comments: (Indicate Subject) \_\_\_\_\_  
STOP CRIMINALIZING HOMELESSNESS!

Wish to speak  Do not wish to speak

\_\_\_\_\_ Neutral/No Opinion Comments: (Indicate Subject) \_\_\_\_\_  
 \_\_\_\_\_ Wish to speak \_\_\_\_\_ Do not wish to speak

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**Please Print:** Name: HALLIS D. MAILEN Date: 6/21/12  
 Address: 2354 ALLIED DR. #3 City: MADISON Zip: 53711  
 Representing: SELF  
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda *	Please Check Appropriate Area Below
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\_\_\_\_\_ Support/Comments: (Indicate Subject) PANHANDLING BAN

\_\_\_\_\_  
 \_\_\_\_\_

~~\_\_\_\_\_~~ Wish to speak \_\_\_\_\_ Do not wish to speak

X Oppose/Comments: (Indicate Subject) P

\_\_\_\_\_  
 \_\_\_\_\_

X Wish to speak \_\_\_\_\_ Do not wish to speak

\_\_\_\_\_ Neutral/No Opinion Comments: (Indicate Subject) \_\_\_\_\_

\_\_\_\_\_ Wish to speak \_\_\_\_\_ Do not wish to speak

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**Please Print:** Name: Brian Golden Date: 6-21-12

Address: 1819 ABerg AV. City: MADISON Zip: 53704

Representing: Homeless  
(Indicate "Self" if representing yourself or list name of organization)

<b>Please Indicate Item No. on Agenda *</b>	<u>D</u>	<b>Please Check Appropriate Area Below</b>
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**Support/Comments: (Indicate Subject)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wish to speak  Do not wish to speak

**Oppose/Comments: (Indicate Subject)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wish to speak  Do not wish to speak

**Neutral/No Opinion Comments: (Indicate Subject)** \_\_\_\_\_  
 Wish to speak  Do not wish to speak

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