

ID# 08927

Date: 4/22/08

CITY OF MADISON

~~Early Public Comment Registration Statement - Common Council~~

~~This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.~~

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 48

Name Carlos Osorio
Address 19 N. Pinckney St.
Madison WI 53703

Please check the appropriate box:

Please check the appropriate box:

- 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 [x] No

Are you appearing as part of your other paid duties for this person or organization? [] Yes [x] 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 Hearing3 minutes
Other Items3 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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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 _____

Date: 4/22/08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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Agenda No. 48

Name Carolyn Frenwald
Address 1442 Williamsa
Madison 53703

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:
Madison Trust for Hist. Pres.

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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Signature _____

Print Name _____

Date: 4/22/08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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| |
|-------------------------|
| 49 |
| Agenda No. <u>08927</u> |

Name Tom Link

Address 1111 Willow hwy

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



Thomas Link

Date: 4/27/08

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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Agenda No. 48

Name Michael Bridgeman
Address 106 S Franklin
Madison WI 53703

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 4-22-08

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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Agenda No. 48

Name ROSEMARY LEE

Address 111 W WILSON 53703

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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Date _____

Signature _____

Print Name _____

Date: 4/27/08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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Agenda No. 48

Name Ron Porter
Address 17 Lundy St.
Madison, 53714

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

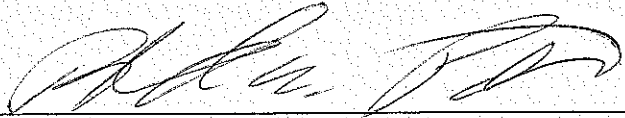
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date 4/22/08

Signature 
Print Name Ronald W. Porter

Date: 4-22-08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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Agenda No. 48

Name Carol Crossan
Address 512 E Main St
Madison WI 53703

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

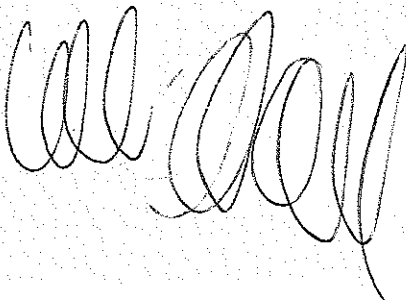
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Date _____

Signature _____

Print Name _____



Date: 9-22-08

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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Agenda No. 48

Name Michelle Martin
Address 2217 Superior 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
(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:

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| Information Hearing | 3 minutes |
| Other Items | 3 minutes |

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 4-22-08

Signature 

Print Name Michelle Martin

Date: 4/22/08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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Agenda No. 48

Name Amy Wyatt
Address 1141 Jenifer St.

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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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 4/22/08

Signature Amy Wyatt
Print Name Amy Wyatt

Date: 4/22/08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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Agenda No. 48

PLEASE PRINT CLEARLY

Name Rebecca Pumpian
Address 11 east gilman #2
madison WI 53703

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? Yes No

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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

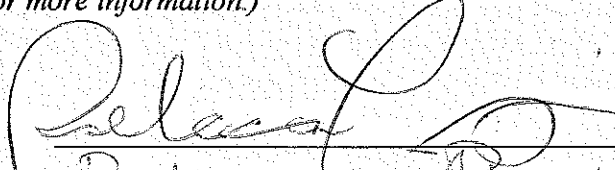
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Date 4/22/08

Signature 
Print Name Rebecca Pumpian

Date: 4/22/08

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 48

Name James Popper
Address 796 E. Gorham
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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Date 4/22/08

Signature James Roper
Print Name James Roper