Registration	Statement -	Common Coul	ncil		
		COMMITTEE			
Please Print () 3	300	PLEASE PRIN			
		Name Ji	n Whee	-ler	
Agenda No. 10			25 Hush		
		$\mathcal{N}$	ladison	53713	
Please check the appropri	ate boxes:				
☐ Support		and	₩ish to sp		
<b>Oppose</b>			Do not wis		
Neither Supp	ort Nor Oppose		Available t	o answer ques	tions
At this meeting are you re (If you answered "no," S of who you represent and Name, address and teleph	TOP; you need not co	mplete the rest of th	is form. If you an	swered "yes,"	provide the nam
\$ Midison	Police Sept				
\$ Madeson 825 Hughe	s PL				
267-8687					
Are you being paid for yo	our representation?			Yes	□ No
Are you appearing as part (If you answered "no," S question)				✓ Yes swered "yes,"	☐ No go on to the nex
In	ablic Hearing (Commo		nutes		

Registration Staten	nent - Common Council
	COMMITTEE
Please Print 03300	PLEASE PRINT CLEARLY
Agenda No. $\cancel{\cancel{H}}$ (()	Name / Guin M'Geffiger — Address 1825 13e 10 5+ # 3
Agenda No. 2// (7)	Address $1000/5610/57$
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor	Oppose Available to answer questions
	g an organization or a person other than yourself: Yes Mo need not complete the rest of this form. If you answered "yes," provide the name the next question.)
Name, address and telephone numb	er of each person or organization you are representing:
Are you being paid for your represe	entation?
	ther paid duties for this person or organization?  Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hear	ing (Common Council) 5 minutes
	Hearing 3 minutes
	3 minutes

Registration Statement	- Common Council	
Please Print り3300	PLEASE PRINT CLEARLY	
Agenda No. 10. ○33○○	Name Scott Herrich  Address 16 N. Carroll #500  Madison W(53703	
Please check the appropriate boxes:  Support Oppose Neither Support Nor Opp	and Wish to speak  Do not wish to speak  Available to answer questions	
At this meeting are you representing an o (If you answered "no," STOP; you need of who you represent and go on to the ne	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question)	
Name, address and telephone number of other family Buisness LL	each person or organization you are representing:  (applicant) and Roderict Flowers	
The Family Buisness LLC (applicant) and Rodoriet Flowers 1821 S. Part St.		
Are you being paid for your representation	on?	
	aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next	
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Registration Statement	Common Council COMMITTEE	
Please Print 03300	PLEASE PRINT CLEARLY	
	Name Mary Zellmer	
Agenda No. / O	Name Mary Zellmer Address 1855 Beld St.	
	Malison 53713	
Please check the appropriate boxes:		
Support	and Wish to speak	
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Neither Support Nor Oppose	보는 물론들은 물로 보는 말은 모르면을 모르면 이렇게 되었으면 모든 것을 다	
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	nization or a person other than yourself: \(\overline{\pi}\) Yes \(\overline{\pi}\) No complete the rest of this form If you answered "yes," provide the name uestion)	
Name, address and telephone number of each	person or organization you are representing:	
Leroy Rosers	257-1254 We are both	
Leroy Rosers 1853 Bell St	257-1254 We are both in opposition	
Madison, W1537	13 of Hem 10	
Are you being paid for your representation?		
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question)	duties for this person or organization?   Yes No complete the rest of this form. If you answered "yes," go on to the next	
	mon Council) 5 minutes 3 minutes	

		Date: 7-18-06
Pullearing +	600	CITY OF MADISON
Modern		
Registrat	ion Statement	Common Council
		COMMITTEE
Please Print	03300	PLEASE PRINT CLEARLY
		Name ROSEMARY LEE
Agenda No. 10	- Candessene	- Address III W WILSON ST HOB
		MADISON 53707
Please check the appr	ropriate boxes:	마음으로 하는 것으로 보는 것으로 보는 것으로 보고 있다. 하는 것으로 가는 것으로 살아왔는 것으로 보고 있는 것으로 보는 것으로 보고 있다.
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Name, address and te	elephone number of each	n person or organization you are representing:
	or your representation?	□ Yes □ No
		duties for this person or organization?  Yes No complete the rest of this form If you answered "yes," go on to the next
Speaking Limits:		mon Council)5 minutes
	Information Hearing Other Items	3 minutes

	Date:
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print 0 3300 Agenda No.	PLEASE PRINT CLEARLY  Name Elys Plowers  Address
	Audiess
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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Are you being paid for your representation	? □ Yes
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question)	d duties for this person or organization? Yes No ot complete the rest of this form If you answered "yes," go on to the next
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