

Date: 1 Sep 2009

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 73

ID # 15260

Name MICHAEL SLAVNEY

Address 4824 SHELDON RD

MADISON

Please check the appropriate box:

☒ ☐ ☐

Support

Oppose

Neither Support Nor Oppose

AND

Please check the appropriate box:

☒ ☐ ☒

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: 9-1-09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 73

ID # 15260

Name Jon Hoffman  
Address 506 Orchard Dr.  
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:

Midvale Heights-Westmorland Joint Steering Committee

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 \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 9-1-09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

Agenda No. 73

ID# 15260

PLEASE PRINT CLEARLY

Name

Judy Skog

Address

626 Orchard Dr.

Madison, WI 53711

*pronounced  
Skog*

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:

Midvale-Heights Westmorland Joint Steering  
Committee

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 9-1-09

Signature

Print Name

Judy Skog  
Judy Skog

Date: 9/1/09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 73  
ID #15260

Name Denise L. Lamb  
Address 4409 Mineral Point Rd.  
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:

Joint steering Committee for Midvale Heights - Westmorland Neighbor-  
hood Plan

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

*Revised L. Lamb*

Print Name

*9/24/09*



Date: 9/1/2009

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 73

ID # 15260

Name Eileen Hannigan

Address 4022 Winnemac Ave

Madison WI 53711

Please check the appropriate boxes:

- ☒ **Support** and ☒ **Wish to speak**  
☐ **Oppose** ☐ **Do not wish to speak**  
☐ **Neither Support Nor Oppose** ☐ **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:

Midvale Heights - Westmorland Joint Steering Committee

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 \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

9

Date: 9/1/09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 73  
10# 15260

Name Ken Skog  
Address 626 ORCHARD DR  
MADISON, WI 53711

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: \_\_\_\_\_

**CITY OF MADISON**

**Registration Statement - Common Council**  
COMMITTEE

Please Print

**PLEASE PRINT CLEARLY**

Agenda No. 73

ID # 15260

Name ANDRUS KEN

Address 622 Piper Drive  
53711

Please check the appropriate boxes:

- ☒ **Support** and ☐ Wish to speak  
☐ **Oppose** ☒ Do not wish to speak  
☐ **Neither Support Nor Oppose** ☐ 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? no ☐ 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 \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_

**CITY OF MADISON**

**Registration Statement - Common Council**  
COMMITTEE

Please Print

**PLEASE PRINT CLEARLY**

Agenda No. 73

ID # 15260

Name Paul Waskew

Address 453 Trystad Plenn  
53711

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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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 9/1/09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 73  
ID #15260

Name Janice G. Gary  
Address 4922 GROTON LANE  
MADISON, WI 53711

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:

MHCA Board of Directors

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 \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 7/1/09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name Jean M. Sweet  
Address 506 Woodside Ter  
resident 56 years 58711

Agenda No. 73  
ID #15260

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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MHCA Board of Directors

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: 9-1-09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 73  
ID # 15260

Name Paul A. Baker  
Address 4409 Mineral Pt RD  
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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Name, address and telephone number of each person or organization you are representing:

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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

9-1-09.

Signature

Paul Baker

Print Name

PAUL BAKER

Date: 9/1/09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name Gary Poulson  
Address 637 Charles Ln  
Madison

Agenda No. 73  
ID #15260

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:

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---

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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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(SEE BACK)

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 9-1-09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name Kate Crowley  
Address 537 Rushmore Lane  
Madison, WI 53711

Agenda No. 73

ID # 15260

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

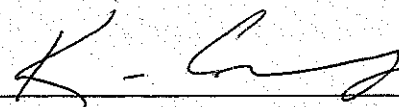
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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](http://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 9/1/09

Signature   
Print Name Kate Crowley

Date: 9/1/09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 73  
ID # 15260

Name Andrew Cuntiss  
Address 537 Rushmore Ln.  
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

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Date 9/1/09

Signature 

Print Name Andrew S. Curtis