



CITY OF MADISON

Registration Statement	Common Co	ouncil
	PLEASE	PRINT CLEARLY
Agenda No.	Name 4 Address _	= 8 - Maffer 57
Please check one:	AND	Please check:
Support Oppose		Available to answer questions
Neither Support Nor Opp	pose	
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 quantity	complete the rest of	other than yourself: Yes No If this form If you answered "yes," provide the name
Name, address and telephone number of each		• •
c/ whe	Diaint	CCC
Are you being paid for your representation?		Yes No
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		on or organization? Yes No of this form. If you answered "yes," go on to the next
question.) Speaking Limits: Public Hearing (Com- Information Hearing Other Items		minutes





CITY OF MADISON

Registration Statement -	COMMITTEE	ouncil		
PLEASE PRINT CLEARLY				
	-	STEVE MIXTACK!		
Agenda No. 10424	Address	3265 FERNECHEE RD VERONA, WE 53593		
	_	VERONA, WE 53593		
Please check one:	AND	Please check:		
Support		🔀 Available to answer		
Oppose		questions		
Neither Support Nor Oppose				
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. Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)	id duties for this pers	☐ Yes ☑ No son or organization? ☑ Yes ☐ No of this form. If you answered "yes," go on to the next		
	mmon Council)	3 minutes		





CITY OF MADISON

Registration Statement -	Common Council COMMITTEE		
	PLEASE PRINT CLEARLY		
	Name Carl E. Gulbrandson Address 1506 Wood LW		
Agenda No. 10 and 24	Address 1506 WOOD LW		
	Madison, Wi 53705		
Please check one:	AND Please check:		
Support	Available to answer		
Oppose	questions		
Neither Support Nor Oppose			
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 ea	ach person or organization you are representing:		
WHEROSTAPHICAN TOWN CENTER DINING, LIC			
Are you being paid for your representation	? Yes No		
Are you appearing as part of your other par (If you answered "no," STOP; you need no question)	id duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next		
	mmon Council)5 minutes g		

(SEE BACK)





CITY OF MADISON

Registration Statement -	Common Council COMMITTEE	
	PLEASE PRINT CLEARLY	
Agenda No. 10, 24	Name Greg Frank Address 5 Walling Fund Circle mad ws 53717	
Please check one:	AND Please check:	
Support Support	Available to answer	
Oppose	questions	
Neither Support Nor Oppose		
At this meeting are you representing an org (If you answered "no," STOP; you need n of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name	
Name, address and telephone number of ea	ach person or organization you are representing:	
FOOD ASTA TO		
Discovery Culinary Collaborative Diouz Atmost Are		
- Andrew Control		
Are you being paid for your representation	? \Yes _No	
Are you appearing as part of your other pa (If you answered "no," STOP; you need n question.)	id duties for this person or organization? Yes No No not complete the rest of this form. If you answered "yes," go on to the next	
·	mmon Council) 5 minutes g 3 minutes	