2304



Date: 8/2/11

# **WISH TO SPEAK FORM**

#### CITY OF MADISON

Registration Statement -	Common C	Council		
	COMMITTEE			
Please Print	PLEASI	E PRINT NAME CL	EARLY	
	Name	Jacklyn I	Da Wact	
Agenda No.	Address	4119 Jen	me Street	
		Madison 5	3714	
Please check one:	AND	Please che	eck:	
Support Amendment3		Wish	ı to Speak	
Oppose				
Neither Support Nor Op	pose			
	,			
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	complete the rest			name
Name, address and telephone number of each	n person or organi	zation you are represer	nting:	
Are you being paid for your representation?			∐ Yes ☐ No	,
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)			☐ Yes ☐ No swered "yes," go on to the	? next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	***************************************	3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are both	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	
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# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement -	Common C	Council
Please Print  Agenda No.	PLEASE Name Address	E PRINT NAME CLEARLY  LOU HOST ABLOUSED  30 LAUGING ST.
Please check one:  Support	AND	Please check:  Wish to Speak
Oppose  Neither Support Nor Op	pose	Wish to Speak
of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.)	of this form. If you answered "yes," provide the name zation you are representing:
Are you being paid for your representation?		☐ Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	•••••	3 minutes

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you answer this form. If yo	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you are beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 Room 103 of to	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 8/02/2011

# WISH TO SPEAK FORM

## CITY OF MADISON

Registratio	n Statement	Common	Council			***************************************	
Please Print  Agenda No.		PLEAS Name Address	EPRINT NA Kathu 3717	ME CLEARI Sou Dawes	Ly kup	<del></del>	
Please check one		AND	Plea	ise check:			
<b>Support</b>			Z	Wish to	Speak		
Oppose			·				
Neither Suj	pport Nor Opp	ose					
At this meeting are you in (If you answered "no," of who you represent and Name, address and telep	STOP; you need not d go on to the next que hone number of each	complete the res uestion.)	ization you are	If you answere		⊠ No provide the no	ате 
	1000						
Are you being paid for y	our representation?			L	Yes	No	
Are you appearing as par (If you answered "no," a question.)	rt of your other paid of STOP; you need not	duties for this pe complete the res	rson or organizet of this form.		☐ Yes ed "yes," ¿	No go on to the r	ıext
I	Public Hearing (Commonstraing (Commo		.3 minutes				

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 i Room 103 of	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date:	
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# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Staten	nent - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 6	Name Bon Colden  Address 2904 Cregary F
Please check one:	AND Please check:
<ul><li>☐ Support</li><li>☑ Oppose</li></ul>	Do not wish to speak
Neither Support N	or Oppose
(If you answered "no," STOP; you of who you represent and go on to t	g an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name he next question.)  er of each person or organization you are representing:
Are you being paid for your represe	ntation?
	her 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
Information	ng (Common Council)5 minutes Hearing

(SEE BACK)

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
		red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are that:	bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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?
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date		Signature
		Print Name

# 23040

# SASY

#### Schenk-Atwood-Starkweather-Yahara Neighborhood Association

2 Aug, 2011

TO: Madison City Council

#### Subject: City of Madison Redistricting, Amendment No. 3

On behalf of the SASY Neighborhood Association, I am writing to express SASY's strong opposition to the proposed Amendment Number 3.

As proposed, this amendment would have a dramatic and unwelcome impact on three East Isthmus neighborhood associations and their residents. The impact would:

- 1. Create a situation where the Eken Park Neighborhood Association is divided into multiple districts and would require coordination between the neighborhood and multiple alderpersons.
- 2. Move Union Corners to District 12 and away from District 6. Over the years, SASY committees and individuals in the SASY neighborhood have worked alongside alders Marsha Rummel and Satya Rhodes-Conway, City planners, the Mayor's office, Friends of Union Corners, EINPC and surrounding residents to make progress with re-envisioning Union Corners. Those efforts continue. This challenging area of the city needs the continuity that SASY has provided. SASY would not welcome Union Corners cut away from district 6.
- 3. Move part of the Eastmorland Neighborhood into District 6, with similar impacts as described in 1. above.

Amendment 3 runs clearly counter to a core principle set forth with redistricting plans - to ensure that "communities of interest" remain intact. Instead this amendment appears, intentionally or not, to temporarily benefit one specific alder and disregards the long term interests of communities that would be greatly affected.

SASY first learned the specifics of Amendment 3 late Friday afternoon from a City staffer. A single business day is far too short a time to respond constructively to an important issue like this; the vast majority of the residents in the affected districts know nothing of the late developments contained in this Amendment and have had no time to react to it.

SASY Neighborhood Association stands strongly opposed to Amendment 3.

Respectfully,

Lou Host-Jablonski

Chair, SASY (Schenk-Atwood-Starkweather-Yahara Neighborhood Association)

Cc:

Marsha Rummel, Satya Rhodes-Conway, Larry Palm

Brian Grady EINPC

Friends of Union Corners

#### **VPPENDIX**