



24673

Date: 6/18/12

## AVAILABLE TO ANSWER QUESTIONS FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 2

Name

GREG KORASH

Address

704 WEST SHORE DRIVE  
MADISON, WI 53715

Please check one:

☐

Support

☐

Oppose

☒

Neither Support Nor Oppose

AND

Please check:

☐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:

MONONA BAY NEIGHBORHOOD ASSOCIATION

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.
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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 6/19

# AVAILABLE TO ANSWER QUESTIONS FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

PLEASE PRINT CLEARLY

Name Theresa Kopish

Address 704 W Shore Dr

Agenda No. 2

Please check one:

☐ Support

☐ Oppose

☒ Neither Support Nor Oppose

AND

Please check:

☒ 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:

Monona Bay Neighborhood Assn.

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.)

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Other Items..... 3 minutes

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Date 6/11 Signature \_\_\_\_\_  
Print Name \_\_\_\_\_



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

# AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

PLEASE PRINT CLEARLY

Name

Mike Pudelwitts

Address

712 West Shore Dr  
Madison,

Agenda No. 2

Please check one:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

AND

Please check:

☒ Available to answer  
questions

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(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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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



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

# AVAILABLE TO ANSWER QUESTIONS FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 2

Name

JOHN BIENO

Address

634 WEST MAIN ST  
MADISON WI

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ 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:

TJK DESIGN BUILD 634 W MAIN ST MADISON  
PRIM SQUARE LLC WEST WASHINGTON TRAIN CAR TO MADISON

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.)

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Public Hearing (Common Council) ..... 5 minutes

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REGISTRATION STATEMENT - PAGE 2

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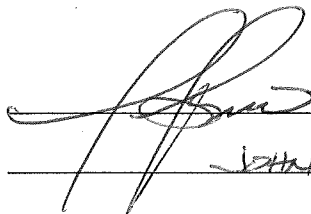
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Date 6/19/12

Signature

Print Name

  
JOHN J. BIELLO





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

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 2

Name

POE MCCOUGHLIN

Address

914 W Shore Drive

Please check one:

AND

Please check:



Support



Wish to Speak



Oppose



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?

☐ Yes

☐ No

Are you appearing as part of your other paid duties for this person or organization?

☐ Yes

☐ No

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Signature \_\_\_\_\_

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