

Date: 11-16-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Mary Krupp

Address: 1825 Rutledge St
Madison WI 53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

| ENTER AMENDMENT NUMBER | CHECK ONE BOX IN THIS COLUMN | CHECK ONE BOX IN THIS COLUMN |
|-----------------------------|---|--|
| Amendment No. <u>BOE 11</u> | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
| Amendment No. <u>12</u> | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
| Amendment No. <u>16</u> | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
| Amendment No. _____ | <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
| Amendment No. _____ | <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
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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 whom you represent and go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

Local 60

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.)

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 _____

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PLEASE PRINT CLEARLY

Name: Glen CLARK

Address: 329 N. BALDWIN ST
MADISON, WI 53703

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

| ENTER AMENDMENT NUMBER | CHECK ONE BOX IN THIS COLUMN | ONE BOX IN THIS COLUMN |
|---|---|--|
| Amendment No. <u>1</u> | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
| Amendment No. <u>3</u> | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
| Amendment No. <u>10</u> <i>Operating</i> | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
| Amendment No. <u>11</u> | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
| Amendment No. <u>16</u> | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
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At this meeting are you representing an organization or a person other than yourself: Yes No
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REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

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Yes No

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2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: BILLY LARIMORE

Address: 725 CHAPMAN ST

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

| ENTER AMENDMENT NUMBER | CHECK ONE BOX IN THIS COLUMN | CHECK ONE BOX IN THIS COLUMN |
|-------------------------|---|--|
| Amendment No. <u>8</u> | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
| Amendment No. <u>16</u> | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
| Amendment No. _____ | <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
| Amendment No. _____ | <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

IATSE Local # 251

608-332-9729

ASCME

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.)

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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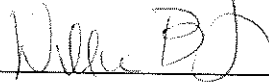
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Date 11/16/10

Signature



Print Name

William B. Larimore

Date: 11/16/2010

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Karen Brown-Larimore

Address: 725 Chapman St.
Madison WI 53711

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

| ENTER AMENDMENT NUMBER | CHECK ONE BOX IN THIS COLUMN | CHECK ONE BOX IN THIS COLUMN |
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| Amendment No. <u>8</u> | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

IATSE 251

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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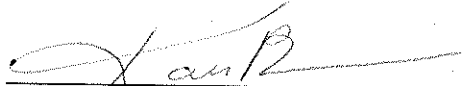
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Date 10-16-10

Signature



Print Name

Karen Brown-Larimore

Date: 11/16/10

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PLEASE PRINT CLEARLY

Name: J. MICHAEL BRUNO

Address: 4509 ODANA RD
MADISON WI 53711

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

| ENTER AMENDMENT NUMBER | CHECK ONE BOX IN THIS COLUMN | CHECK ONE BOX IN THIS COLUMN |
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

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Yes No

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Signature _____

Print Name _____

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2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Briony Jean Foy

Address: 6405 Landfall Dr.
Madison 53705

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

| ENTER AMENDMENT NUMBER | CHECK ONE BOX IN THIS COLUMN | CHECK ONE BOX IN THIS COLUMN |
|--------------------------|---|---|
| Amendment No. <u>160</u> | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions |
| Amendment No. _____ | <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
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*as an artist and
as a member of the
Madison Arts Commission*

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

Madison Arts Commission - City of Madison

Are you being paid for your representation?

Yes No

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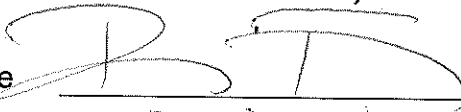
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Signature



Print Name

Bryony Jean Foy

Date: 10/16/10

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PLEASE PRINT CLEARLY

Name: Sara Soler

Address: 5445 Lake Mendota Dr.
Madison, WI 53705

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

| ENTER AMENDMENT NUMBER | CHECK ONE BOX IN THIS COLUMN | CHECK ONE BOX IN THIS COLUMN |
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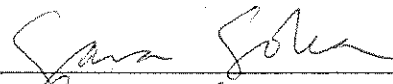
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Date 11/16/10

Signature 
Print Name Sara Soka

1

Date: Nov 16/2010

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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: TONY RAJER

Address: 2321 Center Ave
Madison 53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

| ENTER AMENDMENT NUMBER | CHECK ONE BOX IN THIS COLUMN | CHECK ONE BOX IN THIS COLUMN |
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| Amendment No. <u>16</u> | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose | <input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
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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 whom you represent and go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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.)

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 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date NOV 06/2010 Signature Tony Rojas
Print Name Tony Rojas

I just want to speak on
Amendment #16

Date: 11-16-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY
Name: Kyle Pfister

Address: 413 S BREARLY ST #1
MADISON, WI 53703

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

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Date 11-16-10

Signature

Kyle Pfister

Print Name

Kyle Pfister