

Date: 11-14-06

CITY OF MADISON
Registration Statement - Common Council
2007 CAPITAL BUDGET

You must register before the Council considers your item.

Please Print

02391

PLEASE PRINT CLEARLY

Amendment No.	<u>Six (6)</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Todd McBrath

Address 103 N. Hamilton
MADISON WI 53703

Please check the appropriate boxes:

- Support
- Oppose** *Amend # 6*
- 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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Print Name _____

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02391
 Amendment No. 6
 Amendment No. _____
 Amendment No. _____
 Amendment No. _____
 Amendment No. _____

Name LANCE MCGRATH
 Address 103 N. HAMILTON ST
MADISON, WI 53703

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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02391

Amendment No. ce

Amendment No. _____

Amendment No. _____

Amendment No. _____

Amendment No. _____

Name Bill White

Address 2708 Lakeland Ave
Madison

Please check the appropriate boxes:

- Support
- Oppose Amendment #6
- 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:

Unim Corners LLC

% Todd McGrath

255-3976

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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 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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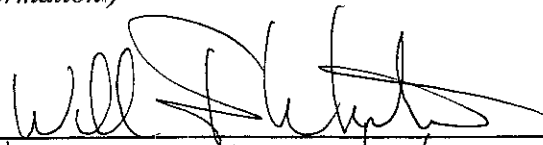
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Date 11/14/06

Signature 
Print Name William F. White

Date: 11-14-06

**CITY OF MADISON
Registration Statement - Common Council
2007 CAPITAL BUDGET**

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PLEASE PRINT CLEARLY

Amendment No.	<u>6</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Steven Klafka
Address 508 Elmside Blvd
MADISON, WI 53704

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:

Schenk - Atwood 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
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REGISTRATION STATEMENT - PAGE 2

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Date _____ Signature _____
Print Name _____

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**CITY OF MADISON
Registration Statement - Common Council
2007 CAPITAL BUDGET**

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Please Print

0 2391

PLEASE PRINT CLEARLY

Amendment No.	<u>6</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Jack A. Barker
 Address 1750 Fordem Ave. #505
Madison, WI 53704

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:

Are you being paid for your representation? Yes No

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Date 11/14/06

Signature Jack A. Barker
Print Name Jack A. Barker

Date: 14 Nov '06

**CITY OF MADISON
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PLEASE PRINT CLEARLY

Amendment No.	<u>3-02388</u>
Amendment No.	<u>6-2391</u>
Amendment No.	<u>7-02392</u>
Amendment No.	<u>8-02393</u>
Amendment No.	_____

Name Steve Herrick
 Address 2007 Jennifer
Madison 53704

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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Amendment No.	<u>3 02388</u>
Amendment No.	<u>6 02391</u>
Amendment No.	<u>7 02392</u>
Amendment No.	<u>10</u> 02395
Amendment No.	_____

Name Michael Goodman
 Address 2314 Summers
Madison 53704

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

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Amendment No.	<u>3 02388</u>
Amendment No.	<u>6 02391</u>
Amendment No.	<u>7 02392</u>
Amendment No.	<u>9 02394</u>
Amendment No.	<u>10 02395</u>

Name Lon Nitrod

Address 3109 Hermine St
Madison WI 53714

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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**CITY OF MADISON
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Please Print 02391, 02392, 02396

PLEASE PRINT CLEARLY

Amendment No.	<u>6</u>
Amendment No.	<u>11</u>
Amendment No.	<u>7</u>
Amendment No.	_____
Amendment No.	_____

Name JUSCHA ROBINSON

Address 2007 JENIFER ST 537-04

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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CITY OF MADISON
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02391, 02392

Please Print

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Amendment No.	<u>#7</u>
Amendment No.	<u>#6</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Susan Schmitt
Address 210 Marinette Cr.

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:

DMI
615 E. Wash.

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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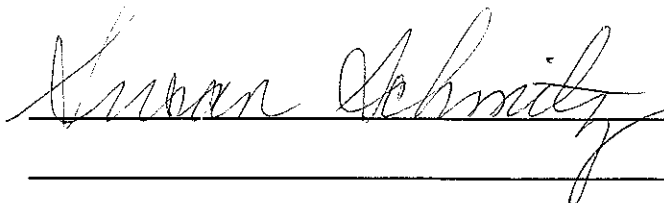
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**CITY OF MADISON
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Amendment No.	<u>10</u>
Amendment No.	<u>6</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Kathy Irvin-Witek
 Address 1321 E. Millin St. Suite 201
Madison, WI 53703

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:

East Townships Neighborhoods Planning Council
1321 E. Millin St., Suite 201
Madison, WI

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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Print Name _____