Please Print 02388 0239	b PLEASE PRINT CLEARLY			
Amendment No. 3	Name SATYA RHOURS-CONWAY			
Amendment No. 11	Address 7642 HOARO ST			
Amendment No.				
Amendment No.				
Amendment No.				
Please check the appropriate boxes: Support				
question) Speaking Limits: Public Hearing (Con Information Hearing)				

•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?			
	ered "yes" to the question, STOP . 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:	sing 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?			
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			

Date: $\frac{1}{17}$ /06

CITY OF MADISON Registration Statement - Common Council 2007 CAPITAL BUDGET

You must register before the Council considers your item.

Please Print		PLEASE	PRINT	CLEARLY	_	
Amendment No Amendment No Amendment No Amendment No Amendment No	3 02388 6 02391 7 02392 4 Ø	Name Address		rchael Go 1314 Som Meedison	comes.	<u>a</u> ~ 53704
Please check the appropriate boxes: Support and Wish to speak Oppose 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 Are you appearing as (If you answered "no, question.) Speaking Limits:	part of your other pai	d duties for this pe ot complete the res	t of thi	s form If you answered ites ites	Yes Yes 'yes,"	No No go on to the next

(SEE BACK)

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, STOP. 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.)
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,	_	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

Date: 11 14 66

CITY OF MADISON Registration Statement - Common Council 2007 CAPITAL BUDGET

Please Print		PLEASE PRI	NT CLEARLY	í	
Amendment No Amendment No Amendment No Amendment No	3 02388 6 02391 7 02392 9 02394	Name	Lon Nit 3109 He Madrisa	rel isminast UI 53714	•
Please check the appropriate of the control of the	ropriate boxes:	and	Do not wish		
(If you answered "no of who you represent	ou representing an organization," STOP; you need not contained and go on to the next quest elephone number of each perfect the state of each perfect the each perfect the state of each perfect the each perfect t	mplete the rest of stion.)	this form If you ansv	wered "yes," provide the	? name
Are you appearing as	or your representation? part of your other paid dut or 'STOP; you need not co.			Yes No Yes No wered "yes," go on to the	ie next
Speaking Limits:	Public Hearing (Commo Information Hearing	3 m			

Are you an e other govern	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
\ M ./	red "yes" to the question, STOP . 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 be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

<u> </u>

Please Print	DI EASE I	PRINT CLEARLY	
Amendment No. 3	DA397 Name DA388 Address DA389	LEDELL 570 N. CAR	ZELLERS ROLL ST
(If you answered "no," STOP of who you represent and go of	Nor Oppose Tenting an organization or a person you need not complete the rest	n other than yourself: of this form. If you answe	o speak inswer questions Yes No red "yes," provide the name
(If you answered "no," STOP question.) Speaking Limits: Public Inform	epresentation? Your other paid duties for this persents; you need not complete the rest Hearing (Common Council) ation Hearing	of this form. If you answer minutes minutes	☐ Yes ☐ No ☐ Yes ☐ No ered "yes," go on to the next

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
	vered "yes" to the question, STOP. 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:	being paid for your representation, or if your appearance is part of other paid duties, please be advised			
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	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			

Please Print		PLEASE	PRINT (CLEARLY		
Amendment No Amendment No Amendment No Amendment No Amendment No	3-02388 4.02389 5-02390 8.02393 -02394	Name Address	Los III MA	STMMAY (WW, LSON)	EE 0N 53703	
At this meeting are you (If you answered "no," of who you represent a	oport Nor Oppose I representing an organiz "STOP; you need not cond go on to the next que ephone number of each p	omplete the res stion)	t of this	than yourself: form If you ansv	to speak answer ques Yes wered "yes,"	(No)
	your representation? part of your other paid du "STOP; you need not co				☐ Yes ☐ Yes wered "yes,"	□ No □ No go on to the next
Speaking Limits:	Public Hearing (Commo Information Hearing) Other Items		.3 minut	tes		

-		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, STOP. 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 an that:	re bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1	Į.,	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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,	_	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)
Date	<u>,</u>	Signature
		Print Name

Date:		Nou	1
	- 1		

Please Print		PLEASE PRIN	IT CLEARLY		
Amendment No Amendment No Amendment No Amendment No Amendment No	3-02388 6-2391 7-02392 8-02393	Name	Stove For 2007 S Madisan	eniter 535	704
Support Oppose Neither Support	port Nor Oppose representing an organiza STOP; you need not con d go on to the next quest	mplete the rest of the tion.)	his form. If you answ	to speak answer ques Yes vered "yes,"	☑No
Are you being paid for y Are you appearing as pa (If you answered "no," question)	rt of your other paid dut			☐ Yes ☐ Yes wered "yes,"	□ No □ No go on to the next
I	Public Hearing (Common Information Hearing Other Items	3 mi	nutes		



Are you an eleother government	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, STOP . 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.)
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Date	Signature
	Print Name

Date: <u>NOV. 14 0 6</u>

CITY OF MADISON Registration Statement - Common Council 2007 CAPITAL BUDGET

Please Print	PLEASE PRIN	T CLEARLY
Amendment No. 3.02388 Amendment No. 5.02360 Amendment No. 4 Amendment No. 4 Amendment No. 4		Masami Glines 7327 Willard Ave. Madison, WI 53708
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose 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 Name, address and telephone number of each	nization or a person other complete the rest of the restion)	is form. If you answered "yes," provide the name
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		☐ Yes ☐ No or organization? ☐ Yes ☐ No this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 mir 3 mir 3 mir	nutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
	vered "yes" to the question, STOP. 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.)
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Date	OV. 14 Ob Signature Masani Mi Shies Print Name MASAMI NII GEINES
	Print Name MASAMI NII GLINES