

Date: 10/14/06

CITY OF MADISON  
Registration Statement - Common Council  
2007 CAPITAL BUDGET

*You must register before the Council considers your item.*

Please Print 02388 02396

PLEASE PRINT CLEARLY

Amendment No.	<u>3</u>
Amendment No.	<u>11</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name SATYA RHODES-CONWAY

Address 2642 HOAR ST

\_\_\_\_\_

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

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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Speaking Limits:

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

Information Hearing.....3 minutes

Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/14/06

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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

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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 Hermans 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

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Amendment No.	<u>7</u>	<u>02392</u>
Amendment No.	<u>3</u>	<u>02388</u>
Amendment No.	<u>4</u>	<u>02389</u>
Amendment No.	_____	_____
Amendment No.	_____	_____

Name LEDELL ZELLERS

Address 510 N. CARROLL ST

\_\_\_\_\_

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
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Signature \_\_\_\_\_

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



Date: 11-14-06

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

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Please Print

PLEASE PRINT CLEARLY

Amendment No. 3-02388

Name

ROSEMARY LEE

Amendment No. 4-02389

Address

111 W WILSON

Amendment No. 5-02390

MADISON 53703

Amendment No. 8-02393

Amendment No. 9-02394

Please check the appropriate boxes:



Support

Oppose

Neither Support Nor Oppose

and



Wish to speak

Do not wish to speak

Available to answer questions

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 14 Nov '06

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Amendment No.	<u>3-02358</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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: NOV. 14, 06

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Amendment No.	<u>3-02388</u>
Amendment No.	<u>5-02390</u>
Amendment No.	<del>_____</del>
Amendment No.	_____
Amendment No.	_____

Name Masami Glines  
 Address 7327 Willard Ave.  
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

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Date Nov. 14 06

Signature Masami Nii Glines

Print Name MASAMI NII GLINES