

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

02390

PLEASE PRINT CLEARLY

Amendment No. 5

Name TIMOTHY CASTILLO

Amendment No. _____

Address 1766 FORDEM Ave # 106

Amendment No. _____

MADISON, WI 53704

Amendment No. _____

Amendment No. _____

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:

CAMELOT APARTMENTS, 11614 FORDEM Ave # 114, MADISON, WI 53704
420 units community, 608-241-4179

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

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Signature _____

Print Name _____

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Amendment No.	<u>5</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name DAVID AHRENS

Address 1750 FORDEM

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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Print Name _____

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Amendment No.	<u>5 02390</u>
Amendment No.	<u>8 02393</u>
Amendment No.	<u>13a</u>
Amendment No.	_____
Amendment No.	_____

PLEASE PRINT CLEARLY

Name Lars Nitzel
 Address 3109 Kominas 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>5 02390</u>
Amendment No.	<u>8 02393</u>
Amendment No.	<u>13⁴</u>
Amendment No.	_____
Amendment No.	_____

Name Michael Goodman
 Address 2314 Summers 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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Amendment No.	<u>02390</u> <u>5 Support</u>
Amendment No.	<u>11 Oppose</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Julie Spears
 Address 812 Juniper St.
Madison, WI 53703

Please check the appropriate boxes:

Support #05
 Oppose #11
 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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Please Print 02390, 02393

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Amendment No.	<u>5</u>
Amendment No.	<u>8</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name SATYA RHODES CONWAY
Address 2642 HOARD 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

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Amendment No.	<u>3-02388</u>
Amendment No.	<u>4-02389</u>
Amendment No.	<u>5-02390</u>
Amendment No.	<u>8-02393</u>
Amendment No.	<u>9-02394</u>

Name ROSEMARY LEE
 Address 11 W WILSON
MADISON 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

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

Name Masami Glines
 Address 2327 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
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Date Nov. 14 '06

Signature Masami Nii Glines

Print Name MASAMI NII GLINES