Date:	!	14	06		
			,	4.5	

You must register before the Council considers your item.

Please Print		PLEASE P	RINT CLEARL	Y	
Amendment No. Amendment No. Amendment No. Amendment No. Amendment No. Please check the approximation	1-07398 3-02400 10-02407 23-02421 27-02425 opriate boxes.	NameAddress	SATYA 2642 138		COMMY
Support Oppose Neither Su At this meeting are yo (If you answered "no, of who you represent	" STOP; you need no	Se anization or a person ot complete the rest o	Do Ava		□No
Name, address and tel	ephone number of eac	ch person or organiza	ation you are r	epresenting:	
Are you being paid fo	r your representation?			☐ Yes	□ No
Are you appearing as (If you answered "no, question)			_		□ No ," go on to the next
Speaking Limits:		mmon Council) 5 3 3			

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 b that:	eing 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 fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 11/14/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

You must register before the Council considers your item. Please Print PLEASE PRINT CLEARLY Amendment No. Amendment No. Amendment No. Amendment No. <u>5</u> Amendment No. 🕏 Please check the appropriate boxes: Wish to speak and Support Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: 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: ∏No Are you being paid for your representation? Yes Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Public Hearing (Common Council) 5 minutes Speaking Limits:

Other Items 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
	Print Name

Date:	11/	14/	06	
		·		 _

You must register before the Council considers your item.

Please Print				
	2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	LEASE PRINT	T CLEARLY	
Amendment No.	30-02428 N	lame	Julie Spears	
Amendment No	31-02429 A	ddress	812 Junger St	
Amendment No.	32-02430		madison, W1 53703	
Amendment No.	36-02434	26		
Amendment No.	10,28-			
Please check the appro	O2407 priate boxes:			
Support		and	☐ Wish to speak	
Oppose Noither Cru	anant Nov Onnego		☑ Do not wish to speak☑ Available to answer questions	
Neither Suj	oport Nor Oppose			
(If you answered "no,	u representing an organization or STOP; you need not complete and go on to the next question.)		ner than yourself:	пе
Name, address and tele	ephone number of each person o	r organization	n you are representing:	
				<u> </u>
Are you being paid for	your representation?		☐ Yes ☐ No	
	part of your other paid duties for "STOP; you need not complete		or organization? Yes No nis form. If you answered "yes," go on to the ne	xt
Speaking Limits:	Public Hearing (Common Coun Information Hearing Other Items	3 min	nutes	

T	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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)
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Date	Signature
	Print Name

Date: 14 Nov O6

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

You must register before the Council considers your item.

Please Print	PLEASE PRINT CLEARLY
Amendment No. /- 02398	Name Steve Hervick
Amendment No. 10-02407	Address 7007 Janiter
Amendment No. 13 - 02410	3704
Amendment No. 26 - 02424	
Amendment No. 30 -02428	지하는 경험 등 경험을 하는 것들은 것이 없는 것이 되었다. 같은 것은 물로 보면 되었다. 그런 것은
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose Name of the Control of the Co	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	
of who you represent and go on to the next question	te the rest of this form. If you answered "yes," provide the name)
Name, address and telephone number of each persor	or organization you are representing:
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid duties f (If you answered "no," STOP; you need not complet question)	for this person or organization? Yes No we the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Co Information Hearing Other Items	3 minutes

(SEE BACK)

- · ·	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	Signature
	Print Name

Date:	11/14	llda		
Duco.		1700	 	

You must register before the Council considers your item.

Please Print		PLEASE	PRINT CLI	EARLY		
Amendment No.	- 02398	Name	JUSCHA	Robinson		
Amendment No\	0-02407	Address		JONIFER ST		
Amendment No	3-02410					
Amendment No. <u>2</u>						
Amendment No. 3						
Please check the app	propriate boxes:					
Support Oppose Neither S	upport Nor Oppose			Wish to speak Do not wish to s Available to ans		ns
(If you answered "n	you representing an organize o," STOP; you need not contain and go on to the next quest	omplete the res			 -	☑ No ovide the name
Name, address and t	telephone number of each p	erson or organ	ization you	are representing:		
Are you being paid	for your representation?				Yes [□ No
	as part of your other paid du oo," STOP; you need not co				Yes [ed "yes," go	No on to the next
Speaking Limits:	Public Hearing (Commo Information Hearing Other Items		.3 minutes			

(SEE BACK)

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
	Print Name

Date:	 -14-06	

You must register before the Council considers your item.

Please Print		그를 보면 한 경우 하는 학생들은 아이들로 보를 보고 그는 것은 것은 그는 것은데
		PLEASE PRINT CLEARLY
Amendment No	3/	02400 Name Marsh Runnel
Amendment No.	10/	02407 Address 1339 Rwffele 87 #2
Amendment No.	13/	02410 Maye 22 203
Amendment No.	261	02424
	BJ-+38	02430 02436
Amendment No.		
Please check the app	ropriate boxes:	를 보고 말했다. 그런 것이 살아 있는 것은 사람들이 되었다는 것이 되었다. 그런 것이 되었다. 생각하는 것은 것이 없는 글 기자들은 것이 되었다는 것이 되었다. 그런 것이 되었다.
Support		and Wish to speak Do not wish to speak
Oppose N. H. C.	N. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Available to answer questions
Neitner Si	upport Nor Opp	
At this meeting are v	ou representing an or	rganization or a person other than yourself: Yes No
		not complete the rest of this form. If you answered "yes," provide the name
	t and go on to the nex	
Name address and t	alanhane number of e	each person or organization you are representing:
Name, address and t	stephone manuer of e	ach person of organization you are representing.
Are you being paid i	or your representation	n?
		aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (C	Common Council)5 minutes
	Information Heari	ng 3 minutes
医直动性 化氯化乙酰胺基化钠	Other Items	3 minutes

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