Date: <u>Nov. 14 66</u>

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print		PLEASE PRINT CLEA	ARLY		
Amendment No. Amendment No. Amendment No. Amendment No. Amendment No.	2-02399 \$6 02403 \$ 02405 33 0243	Name Ma Address 232;		lines d Ave. 12537	
At this meeting are you (If you answered "no," of who you represent an	port Nor Oppose representing an organization STOP; you need not comple and go on to the next question	or a person other than te the rest of this form	n If you answei	speak nswer quest Yes Yes Yes," p	□ No
_	phone number of each person $x - Ob_i h_i ro$				
	your representation? art of your other paid duties f STOP; you need not comple				No No on to the next
	Public Hearing (Common Co				

Are you an el other governn	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)
If you are beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
	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?
	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 No.	V, 14, 06 Signature Mosami Mi Kline
	Print Name MASAMI NII GLINES
M Si S	adison and Obikino just made the official Ster cities relationship two weeks aga. There are O many possibilities and opportunities for both Cities
-/c	o learn from each 5then and flourish together.
Į	Eliminating the budget of \$10,000 to the whole
	rister cities programs (Madison has 12 sistem cities)
	will leave each sister cottes program only scarce money we don't have enough to function well in the first place. Don't away walnuble money to make
	the first place Please Don't away walnuble money to make
	Madison internationally - famous - friendly city,

Date:	14	N	0 V	l	$\hat{\mathcal{A}}$	
	1					

Please Print		DI EASE DO	INT CLEARLY		
A	2- 02299		INT CLEARLY		
Amendment No.	1-02399	Name	Stove	MUC	
Amendment No	6-02403	Address	7007	Senite	
Amendment No	7-02404				
Amendment No	8-02405				
Amendment No.	3-7 · · · · · · · · · · · · · · · · · · ·	62431 6243	3 2		
Please check the app	oropriate boxes:				
☐ Support		and	d Wish to spe	∍ak	
Oppose			Do not wis		
Neither S	upport Nor Oppos	se	∐ Available t	o answer ques	stions
of who you represen	to," STOP; you need not and go on to the next telephone number of each	question)			provide the name
Are you being paid	for your representation?			☐ Yes	□No
	s part of your other paid o, " STOP; you need no			☐ Yes swered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Cor	mmon Council) 5 n	ninutes		
		g3 n			
	Other Items	3 n	ninutes		

	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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, –	to 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:	14/06	
	1 / 1	

Please Print						
		PLEASE	PRINT CLI			
Amendment No. <u>6</u>	-0 P.00Sl	Name	1160	Sub	eck	
Amendment No. 8	oppose	Address		S. Cany	nmey	BJ + 4
Amendment No. 33			$ \cup$	A + A	sen '	3719
Amendment No.	CLOWD LEG	GOOD TO	V 7	· · · · · · · · · · · · · · · · · · ·		
Amendment No. 36	1/0	-301	V-	32-0P	os l	
	70	740 - 5400	1-			
Please check the appro	opriate boxes:	and so	rt			
☐ Support		- 00	and 🔀	Wish to spe	ak	
Oppose				Do not wisl	-	
	pport Nor Oppose		_	J Available to	answer que	stions
of who you represent	"STOP; you need not compand go on to the next question ephone number of each pers	n)				provide the name
Are you being paid fo	r your representation?				Yes	□ No
	part of your other paid duties "STOP; you need not comp				☐ Yes wered "yes,	☐ No " go on to the next
Speaking Limits:	Public Hearing (Common of Information Hearing Other Items		5 minutes 3 minutes 3 minutes			

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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. -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: (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? (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

Other Items 3 minutes

	lected 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:	_//	1	4-0	<u>Q</u>	1		3. 3.	

Please Print						
		PLEASE P	RINT C	LEARLY		
Amendment No.	7 62404	Name _	ROS	EMARY	Let	
Amendment No. /	3/02410	Address /	11 W) WILS	ONST	
Amendment No. 3	2/02430		MAD	IISON S	53103	
Amendment No. 3	3/02431					
Amendment No.	39 02432					
Please check the approp	riate boxes:					
Support		a	nd f	Wish to s	peak	
Oppose				Do not w	sh to speak	
— ==	port Nor Oppose			Available	to answer ques	stions
of who you represent an	STOP; you need not completed go on to the next question of each personal phone number of each personal	1)				provide the name
Are you being paid for	your representation?				☐ Yes	□ No
	art of your other paid duties STOP; you need not comp				☐ Yes nswered "yes,'	☐ No go on to the next
	Public Hearing (Common C Information Hearing Other Items		minute	s		

	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			
100			,		 	

Please Print	PLEASE PRINT CLEARLY
Amendment No. 2-0239	
Amendment No. 6 02 5	21
Amendment No. 32, 33, Amendment No. 37	어디는 그리를 불어 가는 그는 이 사람들이 들어 가는 그들은 그 사람들이 어디를 가는 것이 되었다. 그 그는 것이 없다.
Please check the appropriate box	
☐ Support☑ Oppose☐ Neither Support No	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you represent (If you answered "no," STOP;) of who you represent and go on	nting an organization or a person other than yourself: Yes No wou need not complete the rest of this form. If you answered "yes," provide the name to the next question)
Name, address and telephone nu	mber of each person or organization you are representing:
Are you being paid for your repr	resentation?
Are you appearing as part of you (If you answered "no," STOP; question)	ar other paid duties for this person or organization? Yes No you need not complete the rest of this form. If you answered "yes," go on to the next
Informat	learing (Common Council)5 minutes ion Hearing

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

Date: <u>W/19/06</u>

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print		
		PLEASE PRINT CLEARLY
Amendment No.	Z-02399	Name SATYA PHODES-CONLINY
Amendment No.	6 -02403	Address 2647 HOARD ST
Amendment No.	7 02404	
Amendment No.	802405	
Amendment No.	9 02406	
		02430,02431
Please check the appro	priate boxes:	
☐ Support		and Wish to speak
Oppose		Do not wish to speak
	port Nor Oppos	se Available to answer questions
of who you represent a Name, address and tele		question) ch person or organization you are representing:
Are you being paid for	your representation?	?
		d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
		mmon Council)5 minutes g3 minutes 3 minutes

· · · · · · · · · · · · · · · · · · ·	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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: 11/13/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print					
	02399	PLEASE	PRINT CLEARLY		
Amendment No. $\frac{2}{2}$	oppose	Name	Dan Seba	1d	
Amendment No. 💪	oppose	ტე463 ტე4ს A ddress	1553 Ada	ns St #A	B
Amendment No. 7	8; 33,34 oppose	02405	· 15 · 李 1 · · · · · · · · · · · · · · · · ·	NI 5371	
Amendment No. 34	(support	02434			
Amendment No.		02431			
Please check the appr	onriate boxes:	02432			
Support			and Wish to	speak vish to speak	
Oppose C				e to answer quest	ions
X Neither Su	pport Nor Oppo	se			
At this meeting are yo	ou representing an org	ganization or a pers	on other than yoursel	f: Yes	X No
(If you answered "no	," STOP; you need n	ot complete the res			
of who you represent	and go on to the next	question)			
Name, address and te	lephone number of ea	ich person or organ	ization you are repres	entino	
i vario, addross and to		on person or organ	ization you are repres	viiting.	
Are you being paid for your representation?					
Are you appearing as (If you answered "no question.)					No go on to the next
Speaking Limits:	Public Hearing (Co Information Hearin				

	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
	en e