

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.	<u>36-02434</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name DAN O'BRIEN
 Address 4321 GRANFORD DR
MADISON, WI 53711

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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No


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Date 11/14/06

Signature 
Print Name DANIEL W.C. O'BRIEN

Date: 11/14/06

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Amendment No.	<u>36-02434</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name JULIA KEAR

Address 1620 MADISON 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
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Amendment No.	<u>302 - West Plm</u>
Amendment No.	<u>14 - veorg</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

02439
5
02411

Name Marsha Rummel

Address 1339 Rutledge St #2
Madison WI

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 _____

Date: _____

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Amendment No.	12 - 02409
Amendment No.	36 - 02434
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Ted Voth Jr
 Address 1146 Williamson #3
53702

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>5-2402</u>
Amendment No.	<u>20 02417</u>
Amendment No.	<u>21 02418</u>
Amendment No.	<u>26 02424</u>
Amendment No.	<u>30-02428</u>

Name Lori Nitzel
 Address 3109 Hermira St
Madison WI 53714

Please check the appropriate boxes:

continued
13-02410
36-02434

- Support**
- Oppose**
- Neither Support Nor Oppose**

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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02399

Amendment No. 2 oppose ✓

Amendment No. 6 oppose

Amendment No. 7, 8, 33, 34 oppose

Amendment No. 36 support

Amendment No. _____

02403
02404
02405,
02434
02431
02432

Name Dan Sebald

Address 1553 Adams St #A8
Madison, WI 53711

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 02402</u>
Amendment No.	<u>20 02417</u>
Amendment No.	<u>21 02418</u>
Amendment No.	<u>26 02424</u>
Amendment No.	<u>30 02428</u>

Name Michael Goodman
 Address 2314 Summers
Madison 53704

Please check the appropriate boxes: (plus) 23 6 02434
+ 13 02410

- Support**
- Oppose**
- Neither Support Nor Oppose**

- 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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Signature _____

Print Name _____

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Amendment No.	<u>136 Support</u>
Amendment No.	<u>13 Supp</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

02439
02410

Name Lilly Train-Vick
 Address 1321 E Mufflin
Madison WI

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
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Name, address and telephone number of each person or organization you are representing:
1321 E Mufflin - EINPC

Are you being paid for your representation? Yes No

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Print Name _____

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Amendment No.	34 - NO /
Amendment No.	36 - YES /
Amendment No.	37 - NO /
Amendment No.	_____
Amendment No.	_____

02432
02434
02435

Name Mike Bastford
Address 1917 Schlimgen 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>31-02429</u>
Amendment No.	<u>32-02430</u>
Amendment No.	<u>36-02434</u>
Amendment No.	<u>10, 28</u> — 02426

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

102407

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

- and
- Wish to speak
 - Do not wish to speak
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Amendment No. <u>#32</u>	<u>Oppose</u>	Name <u>SATYA RHODES - CONWAY</u>
Amendment No. <u>#36</u>	<u>Support</u>	Address <u>2642 HOARD ST. 1</u>
Amendment No. <u>#37</u>	<u>Oppose</u>	
Amendment No. <u>#13</u>	<u>Support</u>	<u>02410</u>
Amendment No. _____		

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- Support
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