Date: 11/14/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print	PLEASE	PRINT CLEARLY
Amendment No. 36-02434	Name	DAN OBRIGA
Amendment No.	Address	DAN O'BRIGA 4321 CYANFORD DU MADISON, WI 53711
Amendment No.		MADISON, WI 53711
Amendment No.		
Amendment No.		
Please check the appropriate boxes:		
Support		and Wish to speak
Oppose Noither Support Non Oppose		☐ Do not wish to speak ☐ Available to answer questions
☐ Neither Support Nor Oppose		
At this meeting are you representing an organization (If you answered "no," STOP; you need not complete of who you represent and go on to the next question	ete the rest	on other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of each person	n or organi	zation you are representing:
Are you being paid for your representation?		☐ Yes No
Are you appearing as part of your other paid duties (If you answered "no," STOP ; you need not complequestion.)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Conformation Hearing) Other Items		3 minutes

The state of the s	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 be 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 f the City-County Building, Madison, for more information)
Date	1/14/06 Signature description of BRIGATION Print Name DANIEL W. C. O'BRIGATION
	ony reaches are a reachest at this maintenance of the property of the contract

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. 36	Name JULIA KERR
Amendment No.	Address 1620 MADISON ST
Amendment No.	
Amendment No.	
Amendment No.	
Place should the appropriate by	
Please check the appropriate box	
Support	and Wish to speak Do not wish to speak
Oppose Neither Support N	Available to answer questions
In treisuer authorities	
	iting an organization or a person other than yourself: Yes No
of who you represent and go on	you need not complete the rest of this form. If you answered "yes," provide the name to the next question.)
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Name, address and telephone nu	mber of each person or organization you are representing:
	- 1985년 - 1985년 1일 - 1985년 1일 - 1985년 1일
Are you being paid for your repr	esentation? Yes No
	rr other paid duties for this person or organization?
(If you answered "no," STOP; y question.)	you need not complete the rest of this form. If you answered "yes," go on to the next
	earing (Common Council)5 minutes ion Hearing
Other Ite	그는 그는 그는 그를 살아 많은 일이 가장 하는 것이 되는 것이 되었다. 그 사람들은 사람들은 그는 그를 받는 것이 없는 것이다.

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	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:	1	1-1	4-	06	

Please Print	(n 24 ³ PLEASE	PRINT CLEARLY
Amendment No. Amendment No. Amendment No. Amendment No. Amendment No.		Marsha Rummel 1339 Rutledge St #2 Madison WI
Please check the appr Support Oppose	opriate boxes: apport Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no of who you represent	ou representing an organization or a pers," STOP; you need not complete the res and go on to the next question.) lephone number of each person or organ	t of this form. If you answered "yes," provide the name
Are you being paid fo	v vous representation?	
Are you appearing as	or your representation? part of your other paid duties for this pe "STOP; you need not complete the res	☐ Yes ☐ No rson or organization? ☐ Yes ☐ No rt of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Council) Information Hearing	

	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
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Date:		. :	٠,	1	i,	:	:	1	÷	١.	

Please Print	PLEASE PRINT CLEARLY
Amendment No. 12 -0 2409	Name tel off IV
Amendment No. 36-02434	Address 1146 [I] May 500 #3
Amendment No.	5-40>
Amendment No.	
Amendment No.	
Please check the appropriate boxes:	
Support	and Wish to speak Do not wish to speak
☐ Oppose☐ Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organizati	ion or a person other than yourself: Yes No plete 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 pers	son or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you being paid for your representation?	
Are you appearing as part of your other paid dutie (If you answered "no," STOP ; you need not comquestion.)	es for this person or organization? Yes No plete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Information Hearing	

and the second control of the second	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

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Date:	V. [.]	' /4/	UV	
				

Please Print				
		PLEASE PRIN		
Amendment No.	5-2402	Name	on Nitzel	
Amendment No.	20 02417		3109 Herminast	
Amendment No.	21 02418		rudizon W 153	714
Amendment No.	Z6 02424			
Amendment No.	30-02428	continued		
Please check the appr	ropriate boxes:	> 13-02410 36-024	34	
Support		36^{-02}	☐ Wish to speak	
Oppose			Do not wish to speak	
	ipport Nor Oppos	se	Available to answer qu	estions
	and go on to the next of each	ch person or organization	1 you are representing:	
Are you being paid for	or your representation?		☐ Yes	□No
		d duties for this person of the complete the rest of the	or organization?	
Speaking Limits:		nmon Council) 5 mir 3 mir 3 mir	nutes	

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

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print		
© 2399	. PLEASE ■	PRINT CLEARLY
Amendment No. 2 oppose	Name	Dan Sebala
Amendment No. 6 Oppose	O 2463	1553 Adams St HAB
Amendment No. 7-8:33,34 oppose	02405	Matison WI 53711
Amendment No. 36 Support	02434	
Amendment No.	02431	
	02432	
Please check the appropriate boxes:		
Support		and Wish to speak
Oppose		Do not wish to speak
Neither Support Nor Oppo	se	Available to answer questions
At this meeting are you representing an org		on other than yourself: Yes No t of this form. If you answered "yes," provide the name
of who you represent and go on to the next		i of this form. If you unswered yes, provide the name
Name, address and telephone number of ea	ch person or organ	ization you are representing:
	<u>de disestrate di</u> Properties	
Are you being paid for your representation	?	☐ Yes ☐ No
Are you appearing as part of your other pai	id duties for this ne	rson or organization?
		t of this form. If you answered "yes," go on to the next
Speaking Limite: Dublic Heaving (Co	mmon Council	Samuel Company
Speaking Limits: Public Hearing (Co Information Hearin		3 minutes
Other Items		3 minutes

Are you an el	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)
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Date	Signature
	Print Name

Date: $\frac{1/4/06}{}$

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Amendment No. 5 02402 Amendment No. 20 02417 Amendment No. 20 02418 Amendment No. 200424 Amendment No. 200424
Amendment No. 20 62417 Address 34 Sommers Amendment No. 202418 Address 370
Amendment No. 2418 Address SIA SOMMEN 5370
- Plack Ser 5 5 / OF
Amendment No.
Amendment No. 30 02426
Please check the appropriate boxes: 23 6 0 2 4 3 4
Support $4 \cdot 13 \cdot 02410$ and \square Wish to speak
Oppose Do not wish to speak Available to answer questions
Neither Support Nor Oppose
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 nam 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?
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 nex question.)
Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing 3 minutes Other Items 3 minutes

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Date	Signature
	Print Name

	24 36 PLE	ASE PRINT CLEARLY	
Amendment No. <u></u>	30 Suno Nam	ie Ully Finz n-Vital	
Amendment No	13 Super 02410 Nam	1 2 1 001	
Amendment No.		Marleys WI	
Amendment No.			
Amendment No.			
Please check the appro	opriate boxes:		
Support		and Wish to speak	
Oppose		Do not wish to speak	
Neither Su	pport Nor Oppose	Available to answer questions	
(If you answered "no,	ou representing an organization or a "STOP; you need not complete the and go on to the next question.)	person other than yourself: Yes No rest of this form. If you answered "yes," provide the	e name
	lephone number of each person or or	rganization you are representing:	
		rganization you are representing:	
		rganization you are representing:	
Name, address and tel	lephone number of each person or o	EINPC	
Name, address and tel		rganization you are representing:	
Name, address and tel	r your representation?	EINPC	he next

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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:		1.3	
Daic.	 41 14		 <u> </u>

Please Print		
	/ PLEAS	E PRINT CLEARLY
Amendment No.	34-NO 02432 36-485 02434 Name 02434 Addres	Mike Bastord
Amendment No.	36 -965/ Addres	s 1917 Schlingen Ave. Wad, son, WI 53704
Amendment No.	37-NO/ 0243	Wad, son, WI 53704
Amendment No.		
Amendment No.		
Please check the appro	opriate boxes:	
Support		and Wish to speak
Oppose		Do not wish to speak
Neither Su	pport Nor Oppose	Available to answer questions
	ou representing an organization or a per	
	and go on to the next question.)	est of this form. If you answered "yes," provide the name
Name, address and tel	ephone number of each person or orga	nization you are representing:
Are you being paid for	r your representation?	☐ Yes ☐ No
Are you appearing as	part of your other paid duties for this p	person or organization? Yes No
		est of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Council)	5 minutes
	Information Hearing	
	Other Items	3 minutes

	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:	[1]	14/0	6	

Please Print				
		PLEASE PRI	NT CLEARLY	
Amendment No	30-02428	Name	Julie Sp	ears
Amendment No.	31-02429	Address	812 June	ferSt.
Amendment No.	32-02430		madison,	WI 53703
Amendment No.	36-02434	_02426		
Amendment No.	10,28			
Please check the appr	O 2407 copriate boxes:			
Support Support		and		
Oppose Noither Su	ipport Nor Oppos		☐ Do not wish to ☐ Available to an	speak swer questions
	pportitor oppos			
(If you answered "no	ou representing an organ, "STOP; you need no and go on to the next of	t complete the rest of t		☐ Yes ☐ No red "yes," provide the name
Name, address and te	lephone number of eac	h person or organization	on you are representing	
Are you being paid fo	or your representation?			☐ Yes ☐ No
	part of your other paid," STOP; you need no			Yes No red "yes," go on to the next
Speaking Limits:		ımon Council) 5 m		
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		그 사람들이 가장 그는 사람들이 되었다.	医电压性 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	

	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: 11/19/86

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print		PLEASE PRIN	TOLEADIV		
Amendment No.	#37 COUSE		CLEARLY	· / - 0	Ca111 & a
	4-21 Sings	Name <u></u>	ATYA KHU)(JEZ) - (ONUS !
Amendment No.	200 John	Address	2642 H	MARO	37.1
Amendment No.	#37 - T (PO)				
Amendment No.	#15 - Sylot	-02410			
Amendment No.					
Please check the appr	ropriate boxes:				
☐ Support		and	Wish to spea	ık	
Oppose			Wish to spea	to speak	
	apport Nor Oppose		☐ Available to	answer quest	tions
At this meeting are w	ou representing an organization	n or a norman of	on the very all	☐ Yes	NX.
	ou representing an organization, "STOP; you need not comple				provide the name
of who you represent	and go on to the next question)			
Name, address and te	elephone number of each person	n or organizatio	n vou are representi	ng:	
		.		···-8·	
요한 한 학교는 동안한 한 학생들이. 화결 등 한 사람들은 사람들이 함께 하는 것이다.					
Are you being paid for	or your representation?			☐ Yes	□ No
	part of your other paid duties			☐ Yes	□No
(If you answered "no question)	o," STOP; you need not comple	ete the rest of th	is form. If you answ	vered "yes,"	go on to the next
question)					
Speaking Limits:	Public Hearing (Common Co				
	Information Hearing	3 mii	utes		

and the state of t	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
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