Date: 11	/13/	07	
Date.	- 1	- /	

CITY OF MADISON Registration Statement - Common Council 2008 CAPITAL BUDGET

Name: Mwilgh Fell	Address:	3634 Alpino Rd Madison
Phonetic pronunciation of name (if ne	eded):	Madison
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COL	UMN & ONE BOX IN THIS COLUMN
Amendment No. 14	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No.	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing ar (If you answered "no," STOP ; you need of who you represent and go on to the	ed not complete the rest of this form	nn yourself: Yes No m If you answered "yes," provide the name

Name, addre	ss and telephone number of each person or organization you are representing:		
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Are you bein	g paid for your representation?		
	earing as part of your other paid duties for this person or organization?		
	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		
1.	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		
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?			
	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		
	"我们是这种,我们就没有,我们就是我的,我们就是我们的,我们就是一个大大的。""我们就是我们的,我也对我们的,我们就是这个人,我们就是不是这个人,我们就是这个		

Date: 1/-13-07

CITY OF MADISON Registration Statement - Common Council 2008 CAPITAL BUDGET

PLEASE PRINT CLEARLY		
Name: Vern Stenma	\sim Address: $\sqrt{9}$	20 11 Shoman Hile
Phonetic pronunciation of name (if ne	eeded):	120 MShorman Ave 140/son 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	AN & ONE BOX IN THIS COLUMN
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At this meeting are you representing a (If you answered "no," STOP ; you ne of who you represent and go on to the	ed not complete the rest of this form. I	yourself: Yes

Name, address and telephone number of each person or organization you are representing:			
Madican Malads			
2920 N Sperman			
608-246-4277			
Are you being paid for your representation?	□No		
Are you appearing as part of your other paid duties for this person or organization? Yes [(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go question.)	□ No o on to the next		
Are you an elected official or employee who is appearing solely on behalf of your office or for your rother governmental body?	municipality or		
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that this form If you answered "no" to the question, go on to the next question)	t you must sign		
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Cle Room 103 of the City-County Building, Madison, for more information.)	erk's Office at		
Date // 1307 Signature			
Print Name //cm 3tannan			

Date: 11-13-07

CITY OF MADISON Registration Statement - Common Council 2008 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Address: 210 Marinette Tr.			
Phonetic pronunciation of name (if need	ded):		
ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN			
Amendment No. #5	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions	
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Amendment No.	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 (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, addre	ss and telephone number of each person or organization you are representing:
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Are you bein	g paid for your representation?
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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?
	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 _//-	13-07 Signature Lukan Schmitz
	Print Name

Date: 11-13-2007

CITY OF MADISON Registration Statement - Common Council 2008 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

		5 E Washington Ave nadisa
Phonetic pronunciation of name (in	f needed):	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	AN & ONE BOX IN THIS COLUMN
5	U Support	Wish to speak
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Amendment No.	Oppose	Do not wish to speak
	Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing	g an organization or a person other than y	vourself: Yes No

(SEE BACK)

of who you represent and go on to the next question)

Name, address and telephone number of each person or organization you are representing: Aleafel Madi and Manual and Manu			
Are you being paid for your representation?	es 🗌 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 "y question)	es		
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to Room 103 of the City-County Building, Madison, for more information)	the Clerk's Office at		
Date 1/-13-207 Signature			
Print Name Olloka Newth			

Date: 11/13/0°)

CITY OF MADISON Registration Statement - Common Council 2008 CAPITAL BUDGET

PLEASE PRINT CLEARLY		
Name: Phil Salkin	Address: 122	? Enterprise, On
Phonetic pronunciation of name (if no	eeded):	9 Enterprise pr ena, Wi
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
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Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
	n organization or a person other than you red not complete the rest of this form. If next question.)	

Name, address and tel		f each person of	r organization you	are representir	ıg:	
		RJ				
Modis	n, W. 53'	704				
Are you being paid for					Yes Yes	□ No
Are you appearing as j (If you answered "no, question)						☑ No go on to the next
Are you an elected off other governmental bo		e who is appear	ing solely on beha	lf of your offic	ce or for your	
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period		principal must	ore than \$1,000 fo file expense state			
(Please go to the Ci Room 103 of the City-				index.html or	go to the C	lerk's Office at
Date <u>11/13/07</u>		Signature Print Name	PAR SOLA	Glalk.		

Date: 11 (13/07)

CITY OF MADISON Registration Statement - Common Council 2008 CAPITAL BUDGET

PLEASE PRINT CLEARLY				
Name: Thomas Los	lovsky Address:	1139 Pacifice Ae Madisorius 53705		
Phonetic pronunciation of name (if ne	eded):	Wad isorius Par		
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLU	JMN <u>&</u> ONE BOX IN <u>THI</u> S COLUMN		
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At this meeting are you representing ar	n organization or a person other than	a 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, addres	s and telephone number o	of each person or organization you are represent	ing:
Are you being	paid for your representat	tion?	☐ Yes ☐ No
		r paid duties for this person or organization? ed not complete the rest of this form If you ans	☐ Yes ☐ No wered "yes," go on to the next
Are you an el		e who is appearing solely on behalf of your off	ice or for your municipality or Yes No
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		ite <u>www.cityofmadison.com/clerk/index.html</u> o Madison, for more information)	r go to the Clerk's Office at
Date		Signature	
		Print Name	

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Date:	. 941	A 19	1.0		1100	Sec. 3.4	 100	
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CITY OF MADISON Registration Statement - Common Council 2008 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: ETU DINUR	Address: 4406	6 School Pd				
Phonetic pronunciation of name (if needed): <u>Nee NOOR</u> <u>Madison</u> , 62 53704						
ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN						
Amendment No a	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions				
Amendment No. 3	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions				
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions				
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Name, addre	ess and telephone number of each person or organization you are represent	ting:	
Are you beir	ng paid for your representation?	☐ Yes	🔀 No
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	elected official or employee who is appearing solely on behalf of your of nmental body?	fice or for yo	
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2	Your principal is not permitted to authorize you to lobby unless you City Clerk.	are registere	d with the
3. ·	If your principal spends or will owe more than \$1,000 for lobbying seperiod (half year), the principal must file expense statements with remainder of the calendar year?		
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> of the City-County Building, Madison, for more information)	or go to the	Clerk's Office at
Date	Signature		
	Print Name		

Jahr Jahr

Date: 11/13/07

CITY OF MADISON Registration Statement - Common Council 2008 CAPITAL BUDGET

PLEASE PRINT CLEARLY						
Name: Stydayra VI Fau F	- WUS Address: 7 Lavewar	M bolins LO 5370				
Phonetic pronunciation of name (if nee		lanson St 53703				
ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN						
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Are you being	g paid for your representation?
	aring as part of your other paid duties for this person or organization? Yes No red "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to the next
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?
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	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: 17-13-07

CITY OF MADISON Registration Statement - Common Council 2008 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: VIVIAN ALLIE	N Address: 口の	neless			
Phonetic pronunciation of name (if ne	eeded):				
ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN					
Amendment No. 50	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions			
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
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Name, addr	ess and telephone number of each person or organization you are representing:
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Are you bei	ng paid for your representation?
Are you app (If you answ question)	pearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP ; you need not complete the rest of this form If you answered "yes," go on to the next
	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
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Date	Signature
	Print Name

CITY OF MADISON Registration Statement - Common Council 2008 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

Name: Panela Hathaway Address: 1321 E. Mifflin Phonetic pronunciation of name (if needed): MSN, WITS3703						
ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN						
Amendment No. 5	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions				
Amendment No. 2	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions				
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions				

(SEE BACK)

11/13/2007-Registration Form CAP Bud 2008 doc

Name, addres	s and telephone number of each person or organization you are representing:
Are you being	g paid for your representation?
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Date	Signature
	Print Name

Date: 11/13/07

CITY OF MADISON Registration Statement - Common Council 2008 CAPITAL BUDGET

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Name: Dac	e H. Zer)5 Address: 30	013 Worthington Ave
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Amendment No	16	Support Oppose Neither Support Nor Oppose	☐ Wish to speak✓ Do not wish to speak☐ Available to answer questions
	o," STOP; you nee		yourself: Yes No If you answered "yes," provide the name

Name, address	and telephone number of each person or organization you are representing:
Are you being	paid for your representation?
	ring as part of your other paid duties for this person or organization? Yes No wed "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to the next
Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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 being that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1	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 he City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date:	11/	13/07	_	
	-T	- 7		7,77

CITY OF MADISON Registration Statement - Common Council 2008 CAPITAL BUDGET

Name: MIZELHAZI CARLSON	Address: 226 OHLST MADZBOM					
Phonetic pronunciation of name (if n	eeded):					
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	AN & ONE BOX IN THIS COLUMN				
Amendment No. L5	Support Oppose Neither Support Nor Oppose	✓ Wish to speak✓ Do not wish to speak✓ Available to answer questions				
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	ess and telephone number of each person of organization you are representing:
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Are you beir	ng paid for your representation?
	pearing as part of your other paid duties for this person or organization? A Yes \sum \text{No} No wered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the ne
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If you are bothat:	eing paid for your representation, or if your appearance is part of other paid duties, please be advise
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Date <u>////3/</u>	107 Signature MM
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Date:	17	<u>با</u> ر.	 	ПÀ	4.1		. 1. 7.	13 .13	٠,

CITY OF MADISON Registration Statement - Common Council 2008 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		
Name: JASON KRUEGER	Address: 222	N MAR-QUETTE ST
Phonetic pronunciation of name (if need	근본으로 보기되었습니다. 사람들 일 등 그림을 다시다.	1800
	CHECK ONE BOX IN THIS COLUMN (<u>&</u> ONE BOX IN <u>TH</u> IS COLUMN
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Amendment No.	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 of (If you answered "no," STOP ; you need of who you represent and go on to the ne	not complete the rest of this form. If yo	

(SEE BACK)

11/13/2007-Registration Form CAP Bud 2008 doc

Name, addre	ss and telephone numbe	r of each person or organization you are re	presenting:			
Are you bein	g paid for your represer	itation?	☐ Yes ☐ No			
		ner paid duties for this person or organizatineed not complete the rest of this form. If y	人名法内 医皮皮 化多克耳克 医皮肤 化二二二甲基二甲基二甲基二二甲基二甲基二甲基二甲基二	e next		
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If you are be that:	ing paid for your repre	esentation, or if your appearance is part or	f other paid duties, please be a	dvised		
1.	Before you engage in with the City Clerk	n lobbying as a lobbyist, you or your princ	ipal must file an authorization			
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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?						
		bsite <u>www.cityofmadison.com/clerk/index.</u> ng, Madison, for more information)	<u>html</u> or go to the Clerk's Of	fice at		
Date		Signature				
		Print Name				

Date: 13 Nov 07

CITY OF MADISON Registration Statement - Common Council 2008 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

Name: Jaceph Linds Phonetic pronunciation of name (i		1 N. 6th Street #3 adison, WI 53704
ENTER AMENDMENT NUMBER		N & ONE BOX IN THIS COLUMN
Amendment No.	✓ Support✓ Oppose✓ Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

of who you represent and go on to the next question)

Name, addre	ess and telephone number of each person or organization you are representing:
4	55 Services Consortium of Dane County
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Are you bein	ng paid for your representation?
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	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 bothat:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go Room 103 oj	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fthe City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: [1.12.07

CITY OF MADISON Registration Statement - Common Council 2008 CAPITAL BUDGET

Name: <u>Veah</u> <u>Loumo</u> Phonetic pronunciation of name (if n		24 Milway Ket 3704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 4	☐ Support☐ Oppose☐ Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
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		ourself:

Name, addre	ss and telephone number of each person or organization you are representing:
Are you bein	g paid for your representation?
Are you appe (If you answe question)	earing as part of your other paid duties for this person or organization? Yes No Pred "no," STOP; you need not complete the rest of this form If you answered "yes," go on to the next
Are you an e other govern	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
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Date:	ll	<u> </u>		àt			
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CITY OF MADISON Registration Statement - Common Council 2008 CAPITAL BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Michael Bastord Address: 1917 Schlingen		
Phonetic pronunciation of name (if needed):		
ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN		
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
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Amendment No.	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: (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 part question)		

(SEE BACK)

Name, address and telephone number of each person or organization you are representing:		
Are you being	paid for your representation?	
	uring as part of your other paid duties for this person or organization? Yes No ed "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next	
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Date	Signature	
	Print Name	