

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: JEFF PORTER

Address: 638 W. LAKESIDE ST.
MADISON, WI 53715

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOE OPERATING 11 & 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOE CAPITAL 14</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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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 whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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Signature _____

Print Name _____

Date: 11

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: JAY YOUNG

Address: CROSS PLAINS

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



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Amendment No. <u>CAPITAL 14</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOB 11/12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Yong Chan

Address: 2502 Dunwoody Dr
Madison, WI 53713

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
<u>BOR OPERATION</u> Amendment No. <u>11 & 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
<u>BOR CAPITAL</u> Amendment No. <u>14</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

Local 60

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Yes No

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Date

11/16/10

Signature



Print Name

Yungwei Chan

Date: 11/16

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Chris Benthall

Address: 2125 Davis Hills W
Udonq WI 53893

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>(8)</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

JAYE ZSI 1602 S Park St #224
Madison, WI 53715

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
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Date _____

Signature _____

Print Name _____

Date: 4/16/10

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

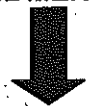
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PLEASE PRINT CLEARLY

Name: Gregory Gotzow

Address: 537 AZHAR AVE
MADISON, 53718

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>108 operating</u> <u>11 + 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>108 Capital</u> 11	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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AFSMB

REGISTRATION STATEMENT - PAGE 2

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Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: WILLIAM ROBERTS

Address: 208 S. FIRST ST #2
MADISON, WI 53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
BOE OPERATING Amendment No. <u>11+12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
BOE CAPITAL Amendment No. <u>7</u>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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AFSCME

REGISTRATION STATEMENT - PAGE 2

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Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Mike Imbrogno

Address: 1141 Sherman Ave #2
Madison WI 53703

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11 + 12</u> <u>ROE Amend</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>[scribble]</u> <u>BOE Cap</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>(8)</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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AFSCME Council 24

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PLEASE PRINT CLEARLY

Name: David Lindlof

Address: 947 Black Bridge
Jaesville

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>BOE operating 11 & 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

AFSCME

REGISTRATION STATEMENT - PAGE 2

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
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Date _____

Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: NED KESSENICHA

Address: 932 CTIU
VERONA, VT 05593

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>BUE OPERATING</u> <u>11 or 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. BUD CAPITAL <u>7</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

A FSCMI LOCAL 600

REGISTRATION STATEMENT - PAGE 2

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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Date _____

Signature _____

Print Name _____

Date: 11/10/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: LINDA LEOP

Address: 2480 Chocomaunee Way
9116 Jordan Rd. #15358
9720

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>17 & 12</u> <u>B.O.E.</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>17</u> <u>B.O.E.</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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REGISTRATION STATEMENT - PAGE 2

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Print Name _____

Date: 11/16/10

**CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET**

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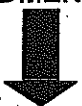
PLEASE PRINT CLEARLY

Name: Tida Lopez

Address: P.O. Box 259867
Madison WI 53725

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11+12</u> <u>B.O.E.</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____ <u>B.O.E.</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 11/16/2010

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: Tony Karwal

Address: 6501 Appleglen Lane
Madison, WI 53719

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>11 & 12 BOE</u> <u>BOE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>11</u> <u>BOE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>(8)</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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REGISTRATION STATEMENT - PAGE 2

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Date _____ Signature _____
Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Jeremy Belangsh

Address: 4708 Maher Ave.
Madison 53716

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11612</u> <u>BOE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. 11612 <u>BOE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____

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CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Shawn L. Bortner

Address: 509 Aztec Ln
Madison, WI 53718

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11+12</u> <i>See opposite page</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>11</u> <i>See opposite page</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

AFSCME Local 60

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
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Date _____

Signature _____

Print Name _____

Date: 11/14/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: John Neis

Address: 2062 Etika Lane #3
Madison

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>Boe operating</u> <u>11 & 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>Boe Capital</u> <u>14</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>(8)</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

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Date: _____

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: Sam Testolin
Sam

Address: Westminster Ct.

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>BOE OPER. 11+12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOE 14 CAD.</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>(8)</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

LOCAL 60

REGISTRATION STATEMENT - PAGE 2

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
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Date _____

Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Amy Karwin

Address: 418 Dwight Dr
Madison, WI
53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>BOE 11</u> ^{Amendment}	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOE 12</u> ^{Amendment}	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation?

Yes No

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Date

11/16/10

Signature



Print Name

Amy Kerwin

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: Benjamin Rattliffe

Address: 1115 E Wilson St #415
MADISON WI 53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11 § 12 (BOE)</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation?

Yes No

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Date _____

Signature _____

Print Name _____

Date: 11/26/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

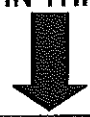
You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Kathleen Rideout

Address: 425 N. Baldwin
Madison

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u> <u>floor amend</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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Yes No

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Date _____

Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: Joe Seifert

Address: 321 Southing Grange
Cottage Grove WI

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>[scribble]</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation?

Yes No

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Date _____

Signature _____

Print Name _____

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CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Amanda Johnson

Address: 122 Talon Place
Sun Prairie, WI 53590

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>Boe operating</u> <u>11512</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. 11512 11512	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

Local 600

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Yes No

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Date 11-16-10

Signature Amanda Johnson

Print Name Amanda Johnson

Date: 11/16/2010

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Doer Milkis

Address: 2650 Hoard St
MADISON WI

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: KEN SEIFERT

Address: 609 TRAVELER LANE
MADISON WI 53718

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: Rick Mraz

Address: N6826 ENGLISH SETTLEMENT RD
ALBANY, WI 53502

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

UNPAID Local 60

REGISTRATION STATEMENT - PAGE 2

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
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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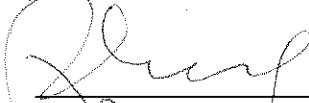
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 10/16/10

Signature



Print Name

Rick Katz

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: David Wise

Address: 3316 Ivy St.
Madison, WI 53714

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>BOE operating 11.8.12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. BOE operating 11.8.12	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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AFSCME LOCAL 600

REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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Date _____

Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: Robert Bongard

Address: 4800 Buckeye Rd
Madison WI 53716

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

↓	↓	↓
Amendment No. <u>BOE operating 11+12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. BOE capital 11	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

The Men in Green

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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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
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Date _____

Signature _____

Print Name _____

Date: 11-16-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: Heidi Conde

Address: 215 MLK Jr. Blvd.
Madison, WI 53703

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11.812</u> <u>BOE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. 	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)
AFSCME

REGISTRATION STATEMENT - PAGE 2

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
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11-16-10

Signature

Heidi Conde

Print Name

Heidi Conde

Date: 11-16-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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.

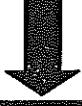
PLEASE PRINT CLEARLY

Name: June Goglio (GO-LEO)

Address: 944 E. Dayton St.
Madison, WI 53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>(BOE operating) 11312</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. 11312	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)
AFSCME local 60

REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

Local 60

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
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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 11/16/10

Signature *June Scoglio*

Print Name JUNE SCOGGIO

Date: 11/15/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

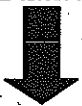
You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: KAREN DRIVER

Address: 1637 WRIGHT ST
MADISON WI 53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11/2/10</u> <u>DOB</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>[scribble]</u> <u>DOB</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: Carb Peterson

Address: 2038 E.M. Hill St
Madison, WI 53704

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11+12</u> <u>BOE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u> <u>BOE CAP</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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REGISTRATION STATEMENT - PAGE 2

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11-16-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: Lori Kief

Address: 4413 Doe Crossing Tr
Madison 53704

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOE OPER 11 and 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOE OPER 11 and 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

Local 60

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
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Date _____

Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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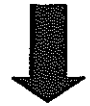
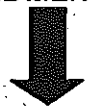
PLEASE PRINT CLEARLY

Name: Courtland Maney

Address: 6702 Village Park Dr
Madison WI 53718

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11.012</u> <i>BoE Operating</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

Local 171
Park St Madison

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
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Date _____

Signature _____

Print Name _____

Date: 10/16/2010

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

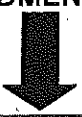
You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: JOHN ELLIOTT

Address: 2402 HEARD ST.
MADISON, WI. 53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>14</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

IATSE #251

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
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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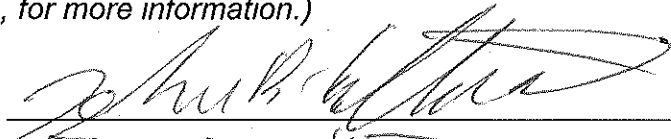
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Date 10/16/2010

Signature

Print Name


John B. Elliott

Date: 11-16-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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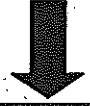
PLEASE PRINT CLEARLY

Name: Douglas Peterson

Address: 619 E JOHNSON ST
MADISON WI

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
BOE operating Amendment No. <u>11+12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
BOE Capital Amendment No. <u>14</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

Local 60

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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Date 11-16-10

Signature Douglas Peterson

Print Name Douglas Peterson

Date: 11-16-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: Jeff Fisows

Address: 105 N. Thompson
Madison, WI 53714

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. 8	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>11 + 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

Local 60

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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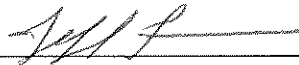
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Date

11-16-10

Signature



Print Name

Jeff Fiswas

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Doug May

Address: 6222 Seven Pines
Madison WI 53718

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>10</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

Name, address and telephone number of each person or organization you are representing:

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Date _____

Signature _____

Print Name _____

Date: 9/16/10

**CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET**

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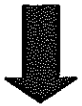
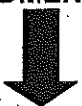
PLEASE PRINT CLEARLY

Name: Michael Caruso

Address: 533 W. Main #108

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. 11	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose, so very much! <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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REGISTRATION STATEMENT - PAGE 2

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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?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11/16/2010

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING 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: Gene CLARK

Address: 329 N. BALDWIN ST
MADISON, WI 53703

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>1</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>3</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u> <u>Operating</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>16</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> 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 whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Members of the Common Council,

I will be unable to speak at tonight's Common Council budget public hearing as I have a prior commitment, but I want to express my opposition to Amendment Number 10 and to potential amendments introduced on the floor that would combine the 50% Community Bulletin Board position with the proposed 55% Programming Technician position to create a full time position. I'm a Producer/ Engineer at Madison City Channel. I've worked at Madison City Channel since October, 1990.

I oppose Amendment Number 10 as I believe Andrew Statz's report, upon which the Mayor's proposal is based, to be accurate as it applies to permanent positions in a restructured Madison City Channel organization. I don't see the need for two full-time supervisors in the organization, and the report indicates as much. This report was generated after interviews with all permanent City Channel employees, including both management and non management staff. At least one part-time non-permanent employee also provided input, and Andrew observed various types of productions. I don't believe anyone has refuted the assumptions, analysis, or conclusions contained in his very thorough and well crafted report, and I believe the recommendations therein should be followed.

It has also come to my attention that Madison City Channel Station Manager Brad Clark has proposed combining the 50% Community Bulletin Board position with the proposed 55% Programming Technician position to create a full time position, and that an amendment to that effect may be introduced on the floor. Brad's proposals do not seem to be based on any kind of analysis, but appear to be entirely personal, rewarding a current supervisor while punishing a current represented employee. I note that Brad now suggests the new position would be Comp Group 20, Range 11, as opposed to Comp Group 20, Range 10 as he indicated earlier. This would prevent Tanya Anderson, the represented employee who currently holds the Community Bulletin Board position, from moving into the newly created position via recall rights. Even though Jennifer Campbell, the Programming Supervisor whose position is eliminated in the Mayor's budget proposal, would have to apply for the position, based on Brad's statements in his October 13th memo to the Mayor, I believe that it is likely his intention to award this position to her, and that there would be no way for another candidate to get a fair shake.

Further, I don't think it's a good idea to combine these two positions. One of them is a graphic designer job. It's about content creation and is much more similar to the producer/director positions. Since the clerical and administrative duties were removed from the other job, it has become a technical position. It's all about digital asset management and ideally requires someone with significant database skills, media file management skills, and media file encoding and transcoding skills. The position is more similar to the engineering position that I occupy, and I would anticipate that person working closely with me. I don't think it's a good idea to combine those positions as it makes it difficult to find someone with both skill sets. The production duties are eventually being removed from the engineering position for the same reason. I happen to have both skill sets, but if I were to leave it would be difficult to find a qualified candidate. I feel Brad's proposal would create a similar situation, and would be a step backward in terms of creating positions that make sense and for which qualified candidates can be found.

I think Andrew Statz's report is excellent, and that the Mayor's proposal solves some longstanding problems in the organization, while it saves some money without the need to cut services. I see no reason to support any amendments that would change this plan.

Thank you,

Boyce Johnson

I am submitting this in writing as I will be busy directing the coverage of another City Channel production at the Overture Center during the Common Council meeting. (In the event the Wisconsin Academy presentation is done before the public hearing is over on Tuesday night, I will come and be available to answer questions at that time.) I wish to express my support for the Mayor's proposed operating budget and restructuring with respects to Madison City Channel. I am against proposed Amendment #10 to the operating budget as well as any other amendments to City Channel's budget or operations that differs greatly from the recommendations given in Andrew Statz's report.

I have been an employee at Madison City Channel for over 21 years, and believe that the job study and report put together by Andrew Statz to be the most in-depth analysis of City Channel operations since I have been there. At all of the meetings I have attended I have yet to hear anyone differ with the assumptions, facts, analysis or findings of Mr. Statz's report. I understand that with the proposed changes to City Channels structure and staffing that some positions would be eliminated and that those currently holding those positions are not happy, nor would I expect them to be. But I have not heard of any concrete detailed alternatives that offer constructive solutions to City Channel's operating budget issues. Thus far the only solutions I have heard are to keep positions and therefore the total cost to taxpayers, or to remove other positions that are responsible for production and services in order to keep management.

I want to emphasize that the additional cost of \$67,143 associated with amendment #10 is artificially low because in the 2011 proposed operating budget the Production Supervisor position would not be removed until April of 2011. While passing this amendment would only add \$67-thousand to the 2011 operating budget, the actual cost of this position is around \$90-thousand per year. Unless the intent is to keep this position through the end of 2011 only, then the actual implications are an increase to City Channel's regular operating budget by more than what is stated in that amendment. Additionally there is no information in this amendment regarding how this would impact the proposed merger with the Information Technology, the planned restructuring of City Channel's positions and the job duties of the new Media Team Supervisor position.

With respect to other changes, I have heard about the potential of an additional amendment that would eliminate what would be called the Community Bulletin Board Technician position in order to create a single full time Programming Coordinator position. (Under the Mayor's budget, the Programming Coordinator position would be at 55%.) Doing so would effectively eliminate the community bulletin board service provided by City Channel. You have all no doubt heard City Channel being referred to as 'award winning.' In the past several years this has all been due to the ongoing services provided by Tanya Anderson on the community bulletin board. If this rumored proposal were indeed passed, that would mean not just the elimination of this service, but the loss of an award winning employee.

Finally let me state some displeasure with the manner that some of the fact finding and problem solving regarding City Channel has played out. The Ad-hoc committee that

looked at City Channel received a detailed report from non-management staff with regards to some of the documentation and recommendations presented by City Channel management. Most of you have not seen this report. This is because the committee voted to not include it in its final report at the request of City Channel management. I do not think having amendment #10 before the board of estimates was done in order to minimize the time that non-management would have to give of feedback. It is for this reason that I also wish to speak against any other last minute amendments. Once again, I wish I could be there tonight to speak and answer questions, but I am working elsewhere for City Channel.

In short, I believe that Andrew Statz's report is the most thought out and detailed analysis that has been produced regarding City Channel's current operations and more importantly, it's future. I ask that you not make any changes to the Mayor's proposed budget because of this.

-Christopher Richter
11/15/10

