

Date: 11-15-05

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

Please Print

**PRINT NAME CLEARLY**

Agenda No. <u>3 2</u>
Budget Amendment Number(s): <u>3, 4, <del>5</del></u>

Name CONNIE SMALLEY  
 Address 1533 COMANCHE GLEN  
MADISON, WI 53704

Please check the appropriate boxes:

- |  |  |
|--|--|
| <input type="checkbox"/> Support                   | <input type="checkbox"/> Wish to speak                   |
| <input checked="" type="checkbox"/> Oppose         | <input checked="" type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Neither Support or Oppose | <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," go on to the next question.)*

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

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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.)*

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing ..... 5 minutes  
 Other Items ..... 3 minutes

(See Back)

**Registration Statement - Page 2**

Are you an elected official 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, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes  No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

Date: 11-15-05

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

Please Print

**PRINT NAME CLEARLY**

Agenda No. <u>2-CAPITAL</u>
Budget Amendment Number(s): <u>1</u>

Name ROSEMARY LEE

Address 11 W WILSON #108

Please check the appropriate boxes:

Support  
 **Oppose**  
 Neither Support or Oppose

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

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
*(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)*

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

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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  
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Speaking Limits: Public Hearing ..... 5 minutes  
Information Hearing ..... 5 minutes  
Other Items ..... 3 minutes

(See Back)

**Registration Statement - Page 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Capital Budget

Date: 11 / 15 / 05

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Capital Budget
Agenda No. 2
Budget Amendment Number(s): 1, 3

Name Theodore Voth Jr.

Address 1146 Williamson St #3

Please check the appropriate boxes:

- Support (checked)
Oppose
Neither Support or Oppose

- Wish to speak
Do not wish to speak (checked)
Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No (checked)
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No (checked)

Are you appearing as part of your other paid duties for this person or organization? Yes No (checked)
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing 5 minutes
Information Hearing 5 minutes
Other Items 3 minutes

(See Back)

**Registration Statement - Page 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 1-15-05

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

Please Print

**PRINT NAME CLEARLY**

Agenda No. <u>2</u>
Budget Amendment Number(s): <u>7</u>

Name Sheridan Glen

Address 614 W. Doty #402

Please check the appropriate boxes:

- Support
- Oppose
- Neither *Support or Oppose*

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

At this meeting are you representing an organization or a person other than yourself?  Yes  No  
*(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)*

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

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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.)*

Speaking Limits:      Public Hearing..... 5 minutes  
                                  Information Hearing..... 5 minutes  
                                  Other Items..... 3 minutes

(See Back)

**Registration Statement - Page 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 11/15/05

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

Please Print

**PRINT NAME CLEARLY**

Agenda No. <u>2</u>
Budget Amendment Number(s): <u>3, 4</u>

Name Jonathan Cooper

Address 208 S. Henry St.  
Madison 53703

Please check the appropriate boxes:

- |  |  |
|--|--|
| <input type="checkbox"/> Support                   | <input type="checkbox"/> Wish to speak                   |
| <input checked="" type="checkbox"/> Oppose         | <input checked="" type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Neither Support or Oppose | <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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Name, address and telephone number of each person or organization you are representing:

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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.)*

Speaking Limits: Public Hearing ..... 5 minutes  
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Registration Statement - Page 2

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Date 11/15/05 Signature Jonathan D Cooper  
Print Name Jonathan D. Cooper

Date: 11-16-05

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

Please Print

**PRINT NAME CLEARLY**

Agenda No. <u>2</u>
Budget Amendment Number(s): <u>3 (oppose) 10 (oppose)</u> <u>14 (oppose)</u>

Name Steven VanHaren  
 Address 214 N. Brearly St.  
Madison, WI 53703

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support or Oppose

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

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
*(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)*

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

Are you being paid for your representation?  Yes  No

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**Registration Statement - Page 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 11/16/05

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

Please Print

**PRINT NAME CLEARLY**

Agenda No. <u>2</u> <b>Budget Amendment</b> <b>Number(s):</b> <u>41 (re Assigning          for neighborhood          planning councils)</u>
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Name AMY FORSTER ROTHBART  
 Address 64 LANSING ST., MADISON

Please check the appropriate boxes:

- Support**  
 **Oppose**  
 **Neither** *Support or Oppose*

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

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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Date \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_