Date: 1/-/4-06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print	PLEASE PRINT/CLEARLY
Amendment No. #7- 2404	Name AMMAN Manth
Amendment No.	Address 2/1 Marinette Fr
Amendment No.	Address Sylv J. W. W. W. C. G. J. C.
Amendment No.	
Amendment No.	
	- 보이트로 보고 있는 사람들이 되었다. 그 사람들이 되었다.
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
of who you represent and go on to the next question	lete the rest of this form. If you answered "yes," provide the name n.)
Name, address and telephone number of each personal and telephone numb	on or organization you are representing:
1015 C. Wash.	
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not comp question)	for this person or organization? Yes No lete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Common Information Hearing	Council) 5 minutes

A	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
7 · ·	red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)				
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised				
1,	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk				
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
` .	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)				
Date //-	14-D/o Signature MANNA Wehntels —				
	Print Name				

Date: 11/14/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

You must register before the Council considers your item. Please Print PLEASE PRINT CLEARLY Amendment No. Amendment No. Amendment No. Amendment No. 🗢 Amendment No. 🖄 Please check the appropriate boxes: Wish to speak Support and Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: ☐ Yes ΠNο (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? ☐ Yes ∏No Are you appearing as part of your other paid duties for this person or organization? 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 (Common Council) 5 minutes

Other Items 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	11-14-01		
		 	-

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print		PLEASE PRINT CLEARLY
Amendment No Amendment No Amendment No Amendment No Amendment No	20000	Name ROSEMARY LEK Address III W WILSON ST MADISON 53703
At this meeting are y (If you answered "n	upport Nor Oppose	nization or a person other than yourself: Yes Yo complete the rest of this form. If you answered "yes," provide the name
Name, address and t	elephone number of each	person or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
		duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing.	mon Council)5 minutes

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? \[\sum Yes \sum \] No
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are beithat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 11/13/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print	
0 2399 ····	PLEASE PRINT CLEARLY
Amendment No. 2 oppn se	Name Dan Sebala
Amendment No. 6 Oppose	02403 Address 1553 Adams St #AB
Amendment No. 7 8, 33,34 oppose	02405, Malison WI 53711
Amendment No. 36 Support	02434
Amendment No.	03431
	02432
Please check the appropriate boxes:	[14] 15 : 16 : 16 : 16 : 16 : 16 : 16 : 16 :
☐ Support	and 🔯 Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppo	Se Available to answer questions
	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next	
Name address and telephone number of o	ach paran ar arganization you are representing:
name, address and telephone number of ea	ach person or organization you are representing:
Are you being paid for your representation	ı? ☐ Yes ☐ No
Are you appearing as part of your other pa	id duties for this person or organization? Yes No
	not complete the rest of this form. If you answered "yes," go on to the next
	ommon Council) 5 minutes ng 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name

Date:	4/	lov	Ó	
4 4 74 7 4 1 7 7	3 1 10 10		F 10 10 10 10	

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print			
		PLEASE PRIN	T CLEARLY
Amendment No	2- 02399	Name	Frue Herrick
Amendment No.	5 02403	Address	7007 Jente
Amendment No.	7-02404		
Amendment No.	8-02405		
Amendment No. 2	53,34	७ २५३। ७२५३ ३	
Please check the app	propriate boxes:		
Support		and	☐ Wish to speak
Oppose			Do not wish to speak Available to answer questions
Neither S	upport Nor Oppos	se	Available to aliswer questions
At this meeting are	ou representing an org	anization or a person oth	ner than yourself: Yes No
			is form. If you answered "yes," provide the name
oj wno you represen	t and go on to the next	quesnon)	
Name, address and t	elephone number of ea	ch person or organization	n you are representing:
Are you being paid	for your representation?	?	☐ Yes ☐ No
Are you appearing a	s part of your other paid	d duties for this person o	or organization?
(If you answered "n question.)	o," STOP; you need no	ot complete the rest of th	is form. If you answered "yes," go on to the next
Speaking Limits:		mmon Council) 5 mir	
		g3 mir	
"我,我就是我的好好的,我看到	Other Rellis		iuics — a caracteristic de la company de

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)	
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Date	Signature	
	Print Name	

Date: <u>N/19/66</u>

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print		
	9 - 12000	PLEASE PRINT CLEARLY
Amendment No.	<u></u>	Name SATYA PHOURS-COMMY
Amendment No.	6 -02403	Address 2642 HOARD ST
Amendment No.	7-02404	
Amendment No.	802405	
Amendment No.	9 02406	
Amendment Ivo.		02430, 02431
Please check the appr	opriate boxes; 33	
Support		and ∐ Wish to speak ✓ Do not wish to speak
Oppose		Available to answer questions
Neither Su	pport Nor Oppo	50 - 이 사람들은 사용 전쟁 시간 경기에 되었다고 있다. 그 그 사용 사용 시간
	" STOP; you need no	anization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name question.)
		ch person or organization you are representing:
Are you being paid fo	r your representation	?
	.	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes

Are you an el other governr	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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