

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>1, 7</u>

Name Kathy Walsh
 Address 566 S Segue Rd
Madison WI 53711

Please check the appropriate boxes:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Wish to speak |
| <input 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:

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

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If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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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

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Please Print

PRINT NAME CLEARLY

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

Name Susan Nossal

Address 138 W. Gorham 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
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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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Signature _____

Print Name _____

Date: 11/15/05

City of Madison Registration Statement - Common Council

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Please Print

PRINT NAME CLEARLY

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

Name Susan Nossal
 Address 138 W. Gorham 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
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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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City of Madison Registration Statement - Common Council

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PRINT NAME CLEARLY

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

Name Daniel L Ross

Address 125 N Hamilton St #602

Madison 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
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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>11</u>

Name Jonathan Cooper
 Address 208 S. Henry St.
Madison 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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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 11/15/05 Signature 
Print Name Jonathan D Cooper

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>/</u>

Name Marilyn Feil
 Address 3639 Alpine Road

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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Speaking Limits: Public Hearing..... 5 minutes
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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>Z - CAP Budget</u> Budget Amendment Number(s): <u>1 - taser funding</u> <u>11 - TIF</u>
--

Name Norman Stockwell

Address 401 Elmwood Blvd

Please check the appropriate boxes:

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

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

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PRINT NAME CLEARLY

Agenda No. <u>2</u>
Budget Amendment Number(s): <u>1, 10, 11</u>

Name Lori Nitzel

Address 3109 Hermosa St.
Madison WI 53714

Please check the appropriate boxes:

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

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

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PRINT NAME CLEARLY

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

Name Kristin Hoffschmidt
 Address 529 Elmside Blvd.
Madison WI 53704

Please check the appropriate boxes:

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

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

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