

Date: \_\_\_\_\_

**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.	<u>32-02430</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Tom Solyst

Address 614 VERA COURT  
MADISON WI

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

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

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

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

VERA COURT NEIGHBORHOOD CENTER

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 (Common Council)..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items..... 3 minutes

**(SEE BACK)**

REGISTRATION STATEMENT - PAGE 2

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 11/14/06

Signature Thomas R. Solyst

Print Name THOMAS R SOLYST

Date: \_\_\_\_\_

**CITY OF MADISON  
Registration Statement - Common Council  
2007 OPERATING BUDGET**

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**PLEASE PRINT CLEARLY**

Amendment No.	<u>JE-02430</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Tamika R. Jajo  
 Address 9 Warming Woods #2  
Madison, WI

Please check the appropriate boxes:

- Support  
 **Oppose**  
 Neither Support Nor Oppose

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

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

Name, 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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Signature \_\_\_\_\_

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

Date: 11/14/06

### CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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Amendment No.	<u>32-02430</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Alyssa Kenney

Address 1317 Gwynter St.

\_\_\_\_\_

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose**

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

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

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

Kennedy Heights Community Center

199 Kennedy Heights

\_\_\_\_\_

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 (Common Council)..... 5 minutes  
 Information Hearing ..... 3 minutes  
 Other Items ..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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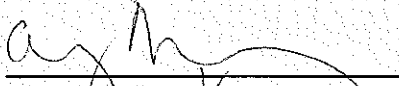
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Date 11/13/06

Signature   
Print Name Melissa Tamm

Date: 11/14/06

### CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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Please Print

02405, 02406

PLEASE PRINT CLEARLY

Amendment No.	<u>8,9</u>
Amendment No.	<u>32-02430</u>
Amendment No.	<u>6-02402</u>
Amendment No.	<u>37-02435</u>
Amendment No.	_____

Name Julie Spears

Address 812 Jennifer St  
Madison, WI 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

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

Name, 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 (Common Council)..... 5 minutes

Information Hearing ..... 3 minutes

Other Items ..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 11/14/06

### CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Amendment No.	<u>36-support</u> ✓
Amendment No.	<u>37-oppose</u>
Amendment No.	<u>32-oppose</u> ✓
Amendment No.	<u>8-oppose</u> ✓
Amendment No.	<u>9-oppose</u> ✓

Name MARIANNE MORTON  
 Address 610 SCHILLER CT.  
MADISON, WI 53704

Please check the appropriate boxes:

**Support** funding for Westside Planning Council and  **Wish to speak**  
 **Oppose** falsing funding from existing planning councils  **Do not wish to speak**  
 **Neither Support Nor Oppose**  **Available to answer questions**

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

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

Common Wealth Development  
1501 Williamson Street  
Madison, WI 53703 256-3527, EXT 12

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 (Common Council)	5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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 11/19/06

Signature Marianne Morton

Print Name MARIANNE MORTON

Date: 11/14/06

# CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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Please Print

PLEASE PRINT CLEARLY

Amendment No.	<u>2-02399</u>
Amendment No.	<u>6-02403</u>
Amendment No.	<u>8, 9 02405,</u>
Amendment No.	<u>32, 33, 34</u>
Amendment No.	<u>37</u>

Name JUCHA ROBINSON

Address 2007 JENIFER ST 53704

02406

02430, 02431, 02432

02435

Please check the appropriate boxes:

- Support  
 **Oppose**  
 Neither Support Nor Oppose

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

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

Name, 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 (Common Council)..... 5 minutes  
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Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/14/06

# CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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Amendment No.	<u>6 - 02403</u>
Amendment No.	<u>8 02405</u>
Amendment No.	<u>9 02406</u>
Amendment No.	<u>32</u>
Amendment No.	<u>37</u>

02430  
02435

Name Michael Goodman  
 Address 2314 Sommers  
Madison 53704

Please check the appropriate boxes:

- Support  
 **Oppose**  
 Neither Support Nor Oppose

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

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

Name, 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

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/14/06

### CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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Amendment No.	<u>2-02399</u>
Amendment No.	<u>6-02403</u>
Amendment No.	<u>7-02404</u>
Amendment No.	<u>8-02405</u>
Amendment No.	<u>9-02406</u>

Name SATYA PHOENIX-CORNUM  
 Address 2642 HEARD ST.

Please check the appropriate boxes: 32, 33 02430, 02431

- Support
- Oppose**
- Neither Support Nor Oppose

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


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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 11/14/06

**CITY OF MADISON  
Registration Statement - Common Council  
2007 OPERATING BUDGET**

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Amendment No.	<u>34-02432</u>
Amendment No.	<u>32-02430</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Francie Rosenthal Phelps  
 Address 1114 E Dayton St  
Madison, WI 53703

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose**

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

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 11/14/06

### CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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Amendment No.	<u>34-02432</u>
Amendment No.	<u>32-02430</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Arathi Premkumar  
 Address 830 N. Carroll St, apt. 304  
Madison, WI-53703

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

- and
- 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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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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REGISTRATION STATEMENT - PAGE 2

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Signature \_\_\_\_\_

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

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CITY OF MADISON  
Registration Statement - Common Council  
2007 OPERATING BUDGET

You must register before the Council considers your item.

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Amendment No.	<u>38-02436</u>
Amendment No.	<u>32-02430</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Andy Heidt  
 Address 108 S. Mills St  
Madison (15)

Please check the appropriate boxes:

- Support 38
- Oppose 32
- Neither Support Nor Oppose

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

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

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

NH Community Center  
29 S. Mills  
Madison      255-5337

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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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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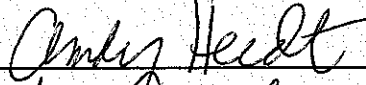
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(Please go to the City Clerk's website [www.cityofmadison.com/clerk/index.html](http://www.cityofmadison.com/clerk/index.html) or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11/14/06

Signature   
Print Name Andy Heidt

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.	<u>38-02436</u>
Amendment No.	<u>32 02430</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Nancy Bradley  
 Address 108 S. Mills St.  
Madison WI (15)

Please check the appropriate boxes:

- Support <sup>#38</sup>
- Oppose <sup>#32</sup>
- Neither Support Nor Oppose

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

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

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

Neighborhood House Community Center  
29 S. Mills  
Madison 258 5337

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 (Common Council).....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

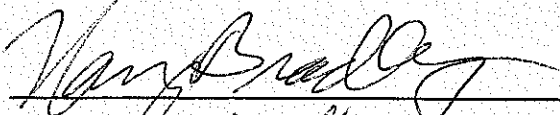
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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.
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Date 11/14/06

Signature   
Print Name Nancy Bradley



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.	<u>30-02428</u>
Amendment No.	<u>31-02429</u>
Amendment No.	<u>32-02430</u>
Amendment No.	<u>36-02434</u>
Amendment No.	<u>10,28</u> — 02426

Name Julie Spears  
 Address 812 Juniper St.  
Madison, WI 53703

02407

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

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

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

Name, 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 (Common Council)	5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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