

Date: Nov. 14, 2006

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

You must register before the Council considers your item.

Please Print

02392

PLEASE PRINT CLEARLY

Amendment No. 7

Name Ilse Hecht

Amendment No. _____

Address 141 N. Hancock St

Amendment No. _____

Madison 53703

Amendment No. _____

Amendment No. _____

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
(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 Nov. 14, 2006

Signature *Ilse Hecht*

Print Name Ilse Hecht

Date: Nov. 14/06

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Amendment No.	<u>7</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name R. Hecht MD
 Address 141 N. Monrocks St
MADISON WI 53704-2311

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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Date Nov. 14 '06

Signature 
Print Name R.C. Hecht MD.

Date: 11/14/06

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Amendment No.	<u>7</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Patrick McDonnell
 Address 441 N. PATERSON
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:
Tenney-Lapham Neighborhood Association
Address - Same
Phone - 257-0119

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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Amendment No.	<u>#7</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name James Westring

Address 1132 Drake St
Madison, WI 53715

Please check the appropriate boxes:

- Support
- Oppose *eliminating funding*
- 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:

Madison Trust for Historic Preservation

James Westring, President

608 441 5435 X 3

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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Amendment No.	<u>7 James</u>
Amendment No.	<u>Madison</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

PLEASE PRINT CLEARLY

Name Marsha Rummel

Address 1339 Rutledge #2
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:

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 _____

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Amendment No.	<u>7</u>
Amendment No.	<u>7</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Karen May Lee

Address 11 W Wilson
Madison 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:

Are you being paid for your representation? Yes No

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Amendment No.	<u>7</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name SANDRA WARD

Address 441 N. PATERSON

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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Signature _____

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CITY OF MADISON
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2007 CAPITAL BUDGET

02391, 02392

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Amendment No.	<u>#7</u>
Amendment No.	<u>#6</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Susan Schmitt
 Address 210 Marinette Tr.

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:

DMI
615 C. Wash.

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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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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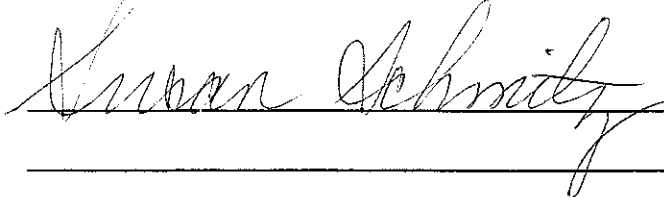
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Signature 
Print Name _____

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**CITY OF MADISON
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Please Print 02391, 02392, 02396

PLEASE PRINT CLEARLY

Amendment No.	<u>6</u>
Amendment No.	<u>11</u>
Amendment No.	<u>7</u>
Amendment No.	_____
Amendment No.	_____

Name JUSCHA ROBINSON

Address 2007 JENIFER ST 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

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**CITY OF MADISON
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Amendment No.	<u>3 02388</u>
Amendment No.	<u>6 02391</u>
Amendment No.	<u>7 02392</u>
Amendment No.	<u>9 02394</u>
Amendment No.	<u>10 02395</u>

Name Lori Nitrod

Address 3109 Hermina St
Madison WI 53714

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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Amendment No.	<u>3</u>	<u>02388</u>
Amendment No.	<u>6</u>	<u>02391</u>
Amendment No.	<u>7</u>	<u>02392</u>
Amendment No.	<u>10</u>	<u>02395</u>
Amendment No.		

Name Michael Goodman
 Address 2314 Summers
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

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**CITY OF MADISON
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Amendment No.	<u>3-02388</u>
Amendment No.	<u>6-2391</u>
Amendment No.	<u>7-02392</u>
Amendment No.	<u>8-02393</u>
Amendment No.	_____

Name Steve Herrick
 Address 2007 Jennifer
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

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Amendment No.	<u>3</u>	<u>02388</u>
Amendment No.	<u>4</u>	<u>02389</u>
Amendment No.	_____	_____
Amendment No.	_____	_____

Name LEDELL ZELLERS

Address 510 N. CARROLL 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:

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.
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 _____