

Date: 9/16/10

**CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET**

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Michael Cresso

Address: 533 W. Main #108

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. 12	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose, so very much! <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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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 whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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.)

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2011 OPERATING BUDGET**

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PLEASE PRINT CLEARLY

Name: Devin CLARK

Address: 329 N. BALDWIN ST
MADISON, WI 53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>1</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>3</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u> <u>Operating</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>16</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Chuck Litweiler

Address: 5 Lukken Ct.
MADISON WI, 53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>2</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>4</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Mary Krupp

Address: 1825 Rutledge St
Madison WI 53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>BOE 11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>16</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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(SEE BACK)

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Wolal 60

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Yes No

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Signature _____

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CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

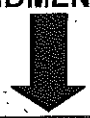
You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: MARK KEMMEL

Address: 3906 LARKSPUR CT
MIDDLETON WIS 53522

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11 & 12 (BOE)</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>(scribble)</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>(scribble)</u>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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Date

11/16/10

Signature



Print Name

MATTHEW KENNER

Date: 11/14/11

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Walt Jackson

Address: 2166 Hawkinson Road
Oregon, VT

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11 (BAE)</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12 (BAE)</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>[scribble]</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>[scribble]</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>[scribble]</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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PLEASE PRINT CLEARLY

Name: Ken Zakariassen

Address: 1906 Steven St.
Sun Prairie, WI 53590

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

↓	↓	↓
Amendment No. <u>11 and 12</u> <u>(BOE)</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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PLEASE PRINT CLEARLY

Name: Matt new DeThorne

Address: 2006 E Mifflin St
Madison, WI 53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN	
Amendment No. <u>1192</u> <i>BOE Operating amended</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>74</u> <i>BOE Capital amended</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Yes No

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

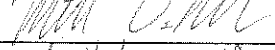
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

(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.)

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(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 11/16/10 Signature 
Print Name Matthew DeThorne

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: JARRIN EBEL

Address: 5406 E. Buckeye Rd
MADISON WI 53716

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>BOE 11410</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOE 14</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. 8	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. 7022	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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.)

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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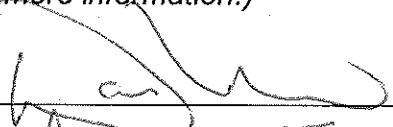
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Date 11/16/10

Signature

Print Name


DARRAN EBEL

Date: 11-16-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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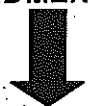
PLEASE PRINT CLEARLY

Name: Rob Larson

Address: 118 Briar Crest St
MADISON WI 53704

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>BOE 11 + 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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.)

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Date 11/16/00

Signature 

Print Name Rob Larson

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Cindy Reitzi

Address: 7345 Century Pl
Middleton, WI 53562

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
(BOE) Amendment No. <u>11+12</u> <u>Parking</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

AFSCME LOCAL 60

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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.)

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(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 11/16/10

Signature

Cindy Reitz

Print Name

Cindy Reitz

Date: 11.16.10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Andy Kiesling

Address: 1109 Hovey Rd
Madison WI 53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. 7#	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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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Date _____

Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Susan Thompson

Address: 3201 Milwaukee St
Madison WI

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
(BOE) Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
(BOE) Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

AFSCME

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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.)

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(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

11/16/10

Signature

Susan Thompson

Print Name

Susan Thompson

Date: 11.16.10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Robert Stickney

Address: 2352 Superior St.
Madison 53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11 + 12</u> <u>BOE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>14</u> <u>BOE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

Local Co.

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.)

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

11.16.10

Signature

Print Name

Robert Stickney

Date: 11/16/10 (T12)

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Tony Karwal

Address: 6501 Appleglen Ln
Madison, WI 53719

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>BDE operating 11 & 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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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Date 11/16/10

Signature 

Print Name Tony Karwal

Date: 16 November 2010

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Michael A. Childers

Address: 509 N. Lake St. Apt 506
Madison, WI 53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11 (BOE)</u> <u>Parking</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12 (BOE)</u> <u>Parking</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

TAA

REGISTRATION STATEMENT - PAGE 2

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

Mad Teaching Assistants' Association
254 W. Gilman St
(608) 256-4375

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.)

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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(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 11/16/2010 Signature _____
Print Name _____

Date: 11/16/2010

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Matthew Suemnicht

Address: 625 Elm Drive Room 105
Madison, WI 53703

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Student Labor Action Coalition
333 E Campus Mall
Madison, WI 53706

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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Date 11/16/10

Signature Matthew Suemicht

Print Name Matthew Suemicht

Date: 11/16/2010

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Kara Bissen

Address: 615 W Johnson 1007A
Madison WI 53706

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Student Labor Action Coalition
333 E campus Mall
Madison, WI 53706

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.)

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

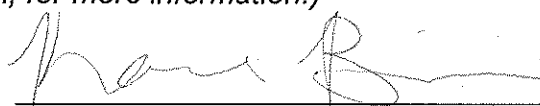
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date 11/16/2010

Signature 

Print Name Kara Bissen

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Cristina Lor

Address: 420 N. Park St Room 1103
Madison, WI 53706

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Student Labor Action Coalition
333 East Campus Mall
Madison, WI ~~53706~~ 53706

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.)

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

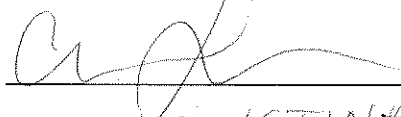
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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(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 11/16/10

Signature 
Print Name CRISTINA LOPEZ

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: JENNIFER LE

Address: 1810 S. Thompson Dr.
Madison WI 53716

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Student Labor Action Coalition
333 E. Campus Mall
Madison WI 53706

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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Date 11/16/10 Signature Jennifer Le
Print Name JENNIFER LE

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Jonah Zim

Address: 1211 Mont St
Madison, WI 53715

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

Student Labor Action Coalition, 333 E Lakes
MkH, Madison, WI 53706 53706

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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Date 11/16/10

Signature [Handwritten Signature]

Print Name Joseph Zim

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Robert Henn

Address: 842 Spaight St #1
Madison, WI 53703

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11 and 12 (BoE)</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Teaching Assistants' Association

254 W. Gilman St.

Madison, WI 53703

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.)

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 _____

Signature _____

Print Name _____

Date: 11.16.10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Clairborne Hill

Address: 254 W. Gilman St.
Madison 53703

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN	
Amendment No. <u>Base: (11), (12)</u> <u>Parking</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

TAA LOCAL 3220

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

TAA AFT LOCAL 3220

254 W. Gilman St.

Madison WI 53703

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.)

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.)

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(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 11-16-10

Signature

Clairborne Hill

Print Name

CLAIBORNE HILL

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: ALICE HABEL

Address: 120 SOUTH FIRST STREET
MADISON

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>BOE</u> <u>BOE 11 #2</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOE</u> <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

DESCHEITI

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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(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 _____

Date: 11-16-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Mark Thomas

Address: 120 S. 1st St
Madison 53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>BOE 11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOE 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

AFSEME Local 171

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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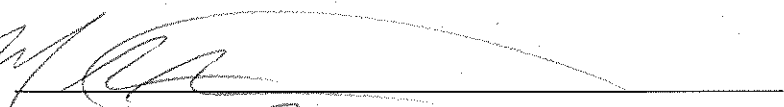
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Date 11-16-10

Signature

Print Name


Mark Thomas

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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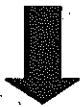
PLEASE PRINT CLEARLY

Name: Alexander Giorga

Address: 7 244 W. Lakeview Dr.
Madison, WI 53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Student Labor Action Coalition
333 E. Campus Mall
Madison WI 53706

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.)

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

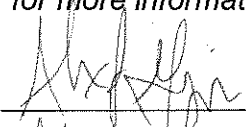
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Date 11/16/10

Signature 
Print Name Alexander J. Gieryn

Date: 11-16-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Brandi Collins

Address: 645 E Johnson Apt. 1
Madison WI 53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Student Labor Action Coalition

333 East Campus Mall

Madison, WI 53706

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.)

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 11-16-10

Signature

Brandi Collins

Print Name

Brandi Collins

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Jennifer Donahoe

Address: 645 E. Johnson Apt. 1
Madison, WI 53703

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Student Labor Action Coalition
333 East Campus Mall
Madison, WI 53706

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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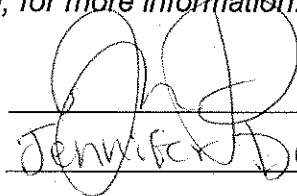
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Date

11/16/10

Signature



Print Name

Jennifer Donahoe

Date: 11/16/2010

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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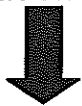
PLEASE PRINT CLEARLY

Name: Joshua Brielmaier

Address: 203 E Gorham #3
Madison, WI

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11N12</u> <u>BoE Operating</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>11N12</u> <u>BoE Operating</u>	<input checked="" type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>11N12</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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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REGISTRATION STATEMENT - PAGE 2

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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Date _____

Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Ted Blazel

Address: 5301 Knightsbridge Road
Madison 53714

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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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Date _____

Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Renee Abel-Collinge Address: 506 Shady Woodway
Madison WI 53714

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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.)

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Date _____

Signature _____

Print Name _____

Date: Nov 16

Early Public Comment Registration Statement - Common Council 2011 OPERATING BUDGET

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Annemarie Banas

Address: 938 Waban Hill
Madison, WI 53711

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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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(SEE BACK)

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Date _____

Signature _____

Print Name _____

(SEE BACK)

Date: 11/16/2010

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: DOOR MILLS

Address: 2650 HEARD ST
MADISON WI

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: KEN SEIFERT

Address: 609 TRAVELER LANE
MADISON WI 53718

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>11</u>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Rick Muz

Address: N6826 ENGLISH SETTLEMENT RD
ALBANY, WI 53602

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

UNPAID Local 60

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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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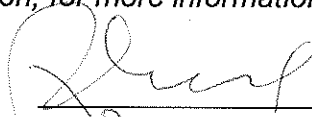
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Date

10/16/10

Signature



Print Name

Rick Marx

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: David Wise

Address: 3316 Ivy St.
Madison, WI. 53714

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>BOE operating 11.9.12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOE capital 11.9.12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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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AFSCME LOCAL 60

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Robert Bongard

Address: 4800 Buckeye Rd
Madison WI 53716

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>BOE operating 11+12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. BOE capital 74	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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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The Men in Green

REGISTRATION STATEMENT - PAGE 2

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Yes No

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Date _____

Signature _____

Print Name _____

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CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Heidi Conde

Address: 215 MLK Jr. Blvd.
Madison, WI 53703

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11312</u> <u>BOE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. 	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)
AFSCME

REGISTRATION STATEMENT - PAGE 2

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.)

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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(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 11-16-10

Signature Heidi Conde

Print Name Heidi Conde

Date: 11-16-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Jane Goglio (GO-LEO)

Address: 944 E. Dayton St.
Madison, WI 53703

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>(BOE operating) 11312</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. 11312	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)
AFSCME local 60

REGISTRATION STATEMENT - PAGE 2

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

Local 60

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.)

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.)

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(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 11/16/10

Signature *June Coglio*

Print Name JUNE COGLIO

Date: 11/15-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: KAREN DRIVER

Address: 1637 Wright St
MADISON WI 53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11412</u> <u>DOB</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>[scribble]</u> <u>DOB</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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.)

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(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 _____

Date: _____

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: David Peterson

Address: 2038 E.M. Flynn St
Madison, WI 53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11+12</u> <u>COE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>3</u> <u>COE CAP</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u> <u>COE</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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.)

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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(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 _____

Date: 11-16-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

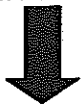
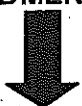
You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Lori Kief

Address: 4413 Doe Crossing Tr
Madison 53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
<u>BOE OPER</u> Amendment No. <u>11 and 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
<u>BOE OPER</u> Amendment No. _____	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Local 60

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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Date _____

Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Courtland Maney

Address: 6702 Village Park Dr
Madison WI 53718

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>BoE Operating</u> <u>11 & 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Local 171
Park St Madison

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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(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 _____

Date: 10/16/2010

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: JOHN ELLIOTT

Address: 2402 HEARD ST.
MADISON, WI. 53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>14</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

IATSE #251

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.)

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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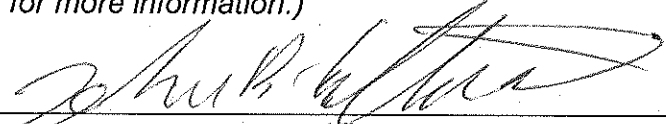
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Date 10/16/2010

Signature



Print Name

John B. Elliott

Date: 11-16-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Douglas Peterson

Address: 619 E JOHNSON ST
MADISON WI

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
BOE operating Amendment No. <u>11+12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
BOE Capital Amendment No. <u>14</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Local 60

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.)

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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(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 11-16-10

Signature Douglas Peterson

Print Name Douglas Peterson

Date: 11-16-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Jeff Fiswas

Address: 105 N. Thompson
Madison, WI 53714

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. 8	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>11 + 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Local 60

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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(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 11-16-10

Signature

Jeff Fisws

Print Name

Jeff Fisws

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: JEFF PORTER

Address: 638 W. LAKESIDE ST.
MADISON, WI 53715

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOE OPERATIONAL</u> <u>11 & 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOE CAPITAL</u> <u>14</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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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(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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Date _____

Signature _____

Print Name _____

Date: 11

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: JAY YOUNG

Address: CROSS PLAINS

ENTER AMENDMENT NUMBER

CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>CAPITAL 14</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOB 11/12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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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Date _____

Signature _____

Print Name _____

Date: 11/16/10

**CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET**

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Yong Chan

Address: 2502 Dunwoody Dr
Madison, WI 53713

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOR OPERATION 11 & 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOR Employee 14</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

Local 60

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.)

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 11/16/10

Signature

Print Name

Yong W. Chan
Yong W. Chan

Date: 11/16

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Chris Bantline

Address: 2125 Davis Hills W
Vernon, WI 53593

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>(8)</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

JANE 251 1602 S Park St #224
Madison, WI 53715

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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Date _____

Signature _____

Print Name _____

Date: 4/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Gregory Gotzow

Address: 837 Azusa Ave
MADISON 53718

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11 + 12</u> <i>Bos operating</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>11</u> <i>Bos operating</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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AFSMB

REGISTRATION STATEMENT - PAGE 2

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Yes No

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Date _____

Signature _____

Print Name _____

Date: 11/16/2010

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: WILLIAM ROEBORN

Address: 208 S. FIRST ST #2
MADISON, WI 53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>BOE OPERATING 11+12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOE CAPITAL 11</u>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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AFSCME

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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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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Date _____

Signature _____

Print Name _____

Date: 11/10/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Mike Imbrogno

Address: 1141 Sherman Ave #2
Madison WI 53703

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>11 + 12</u> <u>ROE Amend</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>[scribble]</u> <u>BOE Cap</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

AFSCME Council 24

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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CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: David Lindlof

Address: 947 Black Bridge
Madison

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>308 operating</u> <u>11 & 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. 308 Capital 11	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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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AFSCME

REGISTRATION STATEMENT - PAGE 2

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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(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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Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: NED KESSENICH

Address: 932 CTIU
VERONA, WI 53593

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>BUE OPERATING</u> <u>11012</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. BUE CAPITAL 11017	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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AFSCME LOCAL 600

REGISTRATION STATEMENT - PAGE 2

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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CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: LINDA LEOP

Address: 2480 Chocomaunee Way
Milwaukee WI 53228
9720

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>11 & 12</u> <u>B.O.C.</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. 11 <u>B.O.C.</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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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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Signature _____

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Date: 11/16/10

**CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET**

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Tida Lopez

Address: P.O. Box 259867
Madison WI 53725

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN



Amendment No. <u>11+12</u> <u>B.O.E</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____ <u>B.O.E</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

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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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CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Tony Karwal

Address: 6501 Appleglen Lane
Madison, WI 53719

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11 & 12 BOE</u> <u>BOE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. 11 <u>BOE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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REGISTRATION STATEMENT - PAGE 2

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CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Jeremy Belongy

Address: 4708 Maher Ave
Madison 53716

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>11612</u> <u>BOE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOE</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions

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REGISTRATION STATEMENT - PAGE 2

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Yes No

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Signature _____

Print Name _____

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CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Name: Shawn L. Bortner

Address: 509 Aztec Dr
Madison, WI 53718

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11+12</u> <i>See operating budget</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

AFSCME Local 60

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.)

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.)

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(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 _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: John Neis

Address: 2002 Eika Lane #3
Madison

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>Boe operating</u> <u>11 & 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>Boe Capital</u> <u>14</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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.)

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Sam Testolin
Sam

Address: Westminster Ct.

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>BOE OPER. 11+12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input checked="" type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOE 14 CAP.</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

LOCAL 60

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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.)

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 _____

Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Amy Karwin

Address: 4118 Dwight Dr
Madison, WI
53704

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

Amendment No. <u>BOE operation</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>BOE 14</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>(8)</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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.)

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

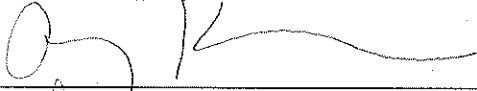
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date 11/16/10

Signature 

Print Name Amy Kerwin

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Benjamin Ratliffe

Address: 1115 E Wilson SA #415
MADISON WI 53703

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11 & 12 (BOE)</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>1</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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.)

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Date _____

Signature _____

Print Name _____

Date: 11/26/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Kathleen Rideout

Address: 425 N. Baldwin
Madison

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u> <u>floor amend</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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.)

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Date _____

Signature _____

Print Name _____

Date: 11/16/10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Joe Seifert

Address: 321 Southing Grange
Cottage Grove WI

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>11/11/11</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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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Date _____

Signature _____

Print Name _____

Date: 11-16-10

CITY OF MADISON
Registration Statement - Common Council
2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY

Name: Amanda Johnson

Address: 122 Talon Place
Sun Prairie, WI 53590

ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN

ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	CHECK ONE BOX IN THIS COLUMN
Amendment No. <u>Boe operating 11 & 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>10</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>8</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. <u>11 & 12</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
Amendment No. _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neither Support Nor Oppose	<input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <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," provide the name of whom you represent and go on to the next question.)

REGISTRATION STATEMENT - PAGE 2

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

Local 100

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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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 11-16-10

Signature Amanda Johnson

Print Name Amanda Johnson