

Date: 11/13/06

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

You must register before the Council considers your item.

Please Print

PLEASE PRINT CLEARLY

Amendment No. <u>8 support</u>
Amendment No. <u>hybrid busses - support</u>
Amendment No. _____
Amendment No. _____
Amendment No. _____

02393

Name Dan Sebald

Address 1553 Adams St #AB
Madison, WI 53711

Please check the appropriate boxes:

- ~~Support~~
- Oppose
- Neither Support Nor Oppose

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

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

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

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Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limits:

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

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(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: 14 Nov '06

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

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PLEASE PRINT CLEARLY

Amendment No.	<u>3-02358</u>
Amendment No.	<u>6-2391</u>
Amendment No.	<u>7-02392</u>
Amendment No.	<u>8-02393</u>
Amendment No.	_____

Name Steve Herrick
 Address 2007 Jennifer
Madison 53704

Please check the appropriate boxes:

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

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

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 Other Items 3 minutes

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Amendment No.	<u>5</u> 02390
Amendment No.	<u>8</u> 02393
Amendment No.	<u>13a</u>
Amendment No.	_____
Amendment No.	_____

Name Jonathan

Address 3109 Homina St
Madison WI 53714

Please check the appropriate boxes:

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

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

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Amendment No.	<u>5 02390</u>
Amendment No.	<u>8 02393</u>
Amendment No.	<u>13^a</u>
Amendment No.	_____
Amendment No.	_____

Name Michael Goodman
 Address 3314 Sommers Ave
Madison WI 53704

Please check the appropriate boxes:

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

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

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Please Print 02390, 02393

PLEASE PRINT CLEARLY

Amendment No.	<u>5</u>
Amendment No.	<u>8</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name SATYA RHODES CONWAY
 Address 2642 HOARD ST.

Please check the appropriate boxes:

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

- and
- Wish to speak
 - Do not wish to speak
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PLEASE PRINT CLEARLY

Amendment No. 3-02388

Name ROSEMARY WEE

Amendment No. 4-02389

Address 11 W WILSON

Amendment No. 5-02390

MADISON 53703

Amendment No. 8-02393

Amendment No. 9-02394

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

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

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