Date: 11/13/06

CITY OF MADISON Registration Statement - Common Council 2007 CAPITAL BUDGET

Please Print	
	PLEASE PRINT CLEARLY
Amendment No. 8 Suppor	17 MM SAIVI
Amendment No. hyboid bus	Address 1553 Adams St #AB
Amendment No.	Madison WY 53711
Amendment No.	
Amendment No.	
Please check the appropriate box	xes:
Support☐ Oppose☑ Neither Support N	and Wish to speak Do not wish to speak Available to answer questions
	ting an organization or a person other than yourself: Yes No No wou need not complete the rest of this form. If you answered "yes," provide the name to the next question.)
Name, address and telephone nu	mber of each person or organization you are representing:
Are you being paid for your repr	esentation?
Are you appearing as part of you (If you answered "no," STOP; y question.)	or other paid duties for this person or organization? Yes No you need not complete the rest of this form. If you answered "yes," go on to the next
Informat	earing (Common Council) 5 minutes ion Hearing 3 minutes ms 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	Nou	1

Please Print		PLEASE PRI	NT CLEARLY		
Amendment No Amendment No Amendment No Amendment No Amendment No	3-02388 6-2391 7-02392 8-02393	Name	Seve 2007 Madisan	Jeniter 535	704
At this meeting are y (If you answered "no of who you represent	ropriate boxes: Ipport Nor Oppose ou representing an organize of "STOP; you need not contained and go on to the next quest elephone number of each pe	mplete the rest of t tion)	Do not wish Available to ther than yourself: this form. If you ans	h to speak o answer ques Yes wered "yes,"	□No
Are you being paid fo	or your representation?	·		☐ Yes	□No
·	part of your other paid dut o, "STOP; you need not co	-		☐ Yes swered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Commo Information Hearing Other Items		inutes		



	tre you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?				
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(Please go Room 103 d	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				

Please Print		PLEASE	PRINT	CLEARLY		
Amendment No Amendment No Amendment No Amendment No Amendment No	5 62390 8 62393 13 a	Name Address		3109 tkm	nina82 W153	- FLY
Support Oppose Neither Su At this meeting are yo (If you answered "no, of who you represent to Name, address and tel	pport Nor Oppose ou representing an org "STOP; you need no and go on to the next	ganization or a person of complete the reson question.	t of thi	er than yourself: s form If you answ	to speak answer quest Yes vered "yes," p	Ď No
Are you being paid fo Are you appearing as (If you answered "no, question.) Speaking Limits:	part of your other paid	d duties for this pe of complete the res mmon Council)	t of thi	is form. If you answ utes utes	☐ Yes ☐ Yes vered "yes," g	☐ No ☐ No go on to the next

	ther governmental body?				
	ered "yes" to the question, STOP . You you answered "no" to the question, go	need not complete the rest of this form, except that you must sign on to the next question.)			
If you are be that:	eing paid for your representation, or i	f your appearance is part of other paid duties, please be advised			
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3		e more than \$1,000 for lobbying services in any reporting nust file expense statements with the City Clerk for the			
	to the City Clerk's website <u>www.cit</u> the City-County Building, Madison, fo	pofmadison.com/clerk/index.html or go to the Clerk's Office at or more information.)			
Date	Signature				
	Print Nan	ie			

Please Print	PLEAS	E PRINT CLEARLY	
Amendment No.	02390 Name	Modrae	1 Goodman
Amendment No.	S 02 393 Addres	s 331	4 Sommers Ane
Amendment No	, Q	Ma	disan WI 9370
Amendment No.			, , , , , , , , , , , , , , , , , , , ,
Amendment No.			
Please check the appropriate Support	e boxes:	and \[\] Wish to sp	peak
Oppose Neither Support	t Nor Oppose	Do not wi	sh to speak to answer questions
(If you answered "no," STO of who you represent and go	esenting an organization or a per OP ; you need not complete the reconstruction on to the next question.) e number of each person or organization.	st of this form. If you an	swered "yes," provide the name
Are you being paid for your	representation?		☐ Yes ☐ Ño
	your other paid duties for this p P; you need not complete the re		Yes No swered "yes," go on to the next
Infor	c Hearing (Common Council) mation Hearing r Items	3 minutes	

	are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?				
	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)				
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Date	Signature				
	Print Name				

Date:	<u>n</u>	14	06
			1

Amendment No Amendment No Amendment No Amendment No Amendment No Amendment No	<u>5</u>	PLEASE PROMISE Name Address	INT CLEARLY SATTA 2642	RHOOZ HOARD	3 CONWO
At this meeting are you (If you answered "no of who you represent	ropriate boxes: apport Nor Oppose ou representing an organism of the next of	anization or a person of complete the rest of question.)	Do not y Availab other than yourse this form. If you	wish to speak sle to answer ques If: Yes answered "yes,"	□ No
Are you appearing as		d duties for this person of complete the rest of mmon Council) 5 m 3 m	this form. If you ninutes		☐ No ☐ No go on to the next

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Date	Signature				
	Print Name				

Please Print	
9 4 5 6	PLEASE PRINT CLEARLY
Amendment No. 3-02388	Name LOSC MARY CEZ
Amendment No. 4.02389	Address // WWILSON
Amendment No. 5-02390	MADISON 53703
Amendment No. 8 0 2393	
Amendment No. 9 02394	
Please check the appropriate boxes:	
Support Oppose	and Wish to speak Do not wish to speak Available to answer questions
Neither Support Nor Oppo	se —
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of ea	ach person or organization you are representing:
Are you being paid for your representation	?
Are you appearing as part of your other paid (If you answered "no," STOP; you need need need need need need need nee	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	mmon Council) 5 minutes g 3 minutes 3 minutes

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