Date: 11-11-08

Early Public Comment Registration Statement - Common Council 2009 OPERATING BUDGET

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

PLEASE PRIŅT CLEARLY		
Name: VICKY SEL	KOWE Address: 291	61 UNION ST
	·	ADISON
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 30	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	✓Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment NoYY	Support Oppose Neither Support Nor Oppose	
Amendment No. 42	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	

(If you ar	nswered "no," STOP; you	ng an organization or a perso need not complete the rest d go on to the next question	on other than yourself: Yes No of this form. If you answered "yes," provide
Name, a	ddress and telephone nun	nber of each person or organ	nization you are representing:
Are you l	peing paid for your represe	entation?	☐ Yes ☐ No
(If you ar	appearing as part of your on swered "no," STOP; you question.)	other paid duties for this pers need not complete the rest	son or organization?
Are you municipa	an elected official or em lity or other governmental	oployee who is appearing s body?	solely on behalf of your office or for your
(If you ai you must	nswered "yes" to the quest sign this form. If you answ	stion, STOP . You need not wered "no" to the question, g	complete the rest of this form, except that go on to the next question.)
lf you are advised t	e being paid for your repre hat:	esentation, or if your appear	rance is part of other paid duties, please be
1.	Before you engage authorization with the		you or your principal must file an
2	Your principal is not with the City Clerk.	permitted to authorize you	to lobby unless you are registered
3.	reporting period (hal		\$1,000 for lobbying services in any le expense statements with the City
(Please g at Room	go to the City Clerk's webs 103 of the City-County Bu	site <u>www.cityofmadison.com</u> ilding, Madison, for more int	n/clerk/index.html or go to the Clerk's Office formation.)
Date		Signature	
		Print Name	

Date: 1/1/08

Early Public Comment Registration Statement - Common Council 2009 OPERATING BUDGET

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

PLEASE PRINT CLEARLY Name: Mary Mayon ENTER AMENDMENT NUMBER		19 E. Johnson St # Caleson (e) I UMN & ONE BOX IN THIS COLUMN
•	•	<u> </u>
Amendment No. <u>40</u>	Support Oppose Neither Support Nor Oppose	Do not wish to speak Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak O not wish to speak Available to answer questions
Amendment No. 30 Bus Fail Incidate	Support Moderato Trans Oppose for Jobs Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions

At this meeting are you representing an organization or a person other than yourself: Yes (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, add	dress and telephone number of each person or organization you are representing:				

Are you be	eing paid for your representation?				
	ppearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to uestion.)				
	n elected official or employee who is appearing solely on behalf of your office or for your your office or for your office or for your office or for your your office or for your office or your office or for your office or y				
	swered "yes" to the question, STOP . You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)				
If you are advised th	being paid for your representation, or if your appearance is part of other paid duties, please be at:				
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 03 of the City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				

Date: 11/11/2.08

Early Public Comment Registration Statement - Common Council 2009 OPERATING BUDGET

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

PLEASE PRINT CLEARLY Name: Wermter, La	urie Address: 847	+ Williamson St. + Nine, Madison
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	53703
Amendment No. <u>30</u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions

(If you	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	e, addre	ess and telephone number of each person or organization you are representing:			
Are y	ou bein	ng paid for your representation?			
(If you	ı answ	earing as part of your other paid duties for this person or organization? Yes No vered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)			
Are y munic	ou an cipality	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?			
(If you you m	u answ nust sig	vered "yes" to the question, STOP. You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)			
If you advise	are be	eing paid for your representation, or if your appearance is part of other paid duties, please be			
	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?			
(Pleas at Roo	se go to om 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)			
Date		Signature			
		Print Name			

39,40,41

Date:		

Early Public Comment Registration Statement - Common Council 2009 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.

YOUNGKIN

Name: SHARON YOU	NKIN Address: 413	33 Hawatha Lism WF 537.11
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 45	Support Oppose Neither Support Nor Oppose	₩ish to speak Do not wish to speak Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions

(If you ans	eting are you representi wered "no," STOP; you of who you represent ar	i need not com	plete the rest of thi	ner than yourself: Yes so form. If you answered "y	No yes," provide
Name, add	lress and telephone nur	nber of each p	erson or organizatio	on you are representing:	
Δre vou he	ing paid for your repres	entation?			ŤN.
	pearing as part of your wered "no," STOP; you		es for this person or olete the rest of this	☐ Yes ☐ Yes ☐ Yes ☐ Yes s form. If you answered "ye	No No es," go on to
Are you armunicipality	n elected official or en y or other governmenta	nployee who i l body?	s appearing solely	on behalf of your office	or for your
(If you ans you must s	wered "yes" to the que ign this form. If you ans	stion, STOP. wered "no" to t	You need not comp the question, go on	plete the rest of this form, to the next question.)	except that
If you are badvised that	peing paid for your repr at:	esentation, or	if your appearance	is part of other paid duties	s, please be
1.	Before you engage authorization with th	in lobbying a e City Clerk.	s a lobbyist, you	or your principal must fil	e an
2.	Your principal is no with the City Clerk.	t permitted to	authorize you to lo	bby unless you are regis	tered
3 .	If your principal spe reporting period (ha Clerk for the remain	lf year), the pri	ncipal must file exp	0 for lobbying services in pense statements with the	any City
(Please go at Room 10	to the City Clerk's web วิ3 of the City-County Bเ	site <u>www.cityo</u> uilding, Madiso	fmadison.com/clerk n, for more informat	<u>/index.html</u> or go to the C tion.)	lerk's Office
Date <u> </u>	11/08	Signature	St. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N V DIL NELL Y	
		Urint Noma			

Date: 11/11/05

Early Public Comment Registration Statement - Common Council 2009 OPERATING BUDGET

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

PLEASE PRINT CLEARLY	Address: 51	11/ Durat DNH2
Name: - Fry Jal	March Address: 57/1	VI 304 WI 537//
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 35	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	✓ Wish to speak✓ Do not wish to speak✓ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	

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,	addre	ess and telephone number of each person or organization you are representing:		
Are yo	u bein	g paid for your representation?		
	answe	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
		elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
		ered "yes" to the question, STOP . You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)		
If you a		ing paid for your representation, or if your appearance is part of other paid duties, please be		
	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?		
		o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)		
Date _		Signature		
		Print Name		

Date:	1	Nov	ember	2008
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Early Public Comment Registration Statement - Common Council 2009 OPERATING BUDGET

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

PLEASE PRINT CLEARLY Name:	Audress.	E Wilson St #405 MANGERAL STOR
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 30	Support Separate out by Oppose Neither Support Nor Oppose	Available to answer questions
Amendment No. 40	Support Oppose Neither Support Nor Oppose	✓ Wish to speak✓ Do not wish to speak✓ Available to answer questions
Amendment No. 4	Support Oppose Neither Support Nor Oppose	✓ Wish to speak✓ Do not wish to speak✓ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ 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 X 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, add	ress and telephone nu	mber of each pers	on or organization yo	u are representing:
		· · · · · · · · · · · · · · · · · · ·		
Are you be	ing paid for your repre	sentation?		☐ Yes ☐ No
				anization?
	n elected official or e y or other government		appearing solely on	behalf of your office or for your
	wered "yes" to the qu ign this form. If you an			the rest of this form, except that e next question.)
lf you are b advised tha		resentation, or if y	our appearance is pa	art of other paid duties, please be
1.	Before you engage authorization with t		a lobbyist, you or y	our principal must file an
2	Your principal is no with the City Clerk.	ot permitted to au	thorize you to lobby	unless you are registered
3.		alf year), the princ	ipal must file expens	r lobbying services in any e statements with the City
	to the City Clerk's we 03 of the City-County E			ex.html or go to the Clerk's Office
Date	11/08	Signature	Elith Pin	
		Print Name _	Elizabeth	Goley

PLEASE PRINT CLEARLY Name: Stellen) School	ev / Address: 30	S D. Brooks St.
Porchlige	Ma	disow, WI 53745
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No. 4	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ 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 In No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)			
Name, address and telephone number of each person or organization you are representing:			
Are you be	peing paid for your representation?	☐ Yes ☐ No	
	appearing as part of your other paid duties for this personswered "no," STOP ; you need not complete the rest of question.)		
	an elected official or employee who is appearing so lity or other governmental body?	elely on behalf of your office or for your Yes No	
	nswered "yes" to the question, STOP You need not c sign this form. If you answered "no" to the question, go		
If you are advised th	being paid for your representation, or if your appearantat:	nce is part of other paid duties, please be	
1.,	Before you engage in lobbying as a lobbyist, y authorization with the City Clerk.	ou or your principal must file an	
2.	Your principal is not permitted to authorize you t with the City Clerk.	o lobby unless you are registered	
3.	If your principal spends or will owe more than \$' reporting period (half year), the principal must file Clerk for the remainder of the calendar year?		
	o to the City Clerk's website <u>www.cityofmadison.com/c</u> 103 of the City-County Building, Madison, for more info		
Date	Signature		
	Print Name		

PLEASE PRINT CLEARLY Name: ARON CRANDA	Address: 10	08 PROMOFET ST
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No. <u> </u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No \frac{\frac{1}{4}}{ (Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ 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 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, ad	dress and telephone number of each person or organization	you are representing:	
Are you b	peing paid for your representation?	☐ Yes ☐ No	
	appearing as part of your other paid duties for this person or of swered "no," STOP ; you need not complete the rest of this for question)		
_	an elected official or employee who is appearing solely o ity or other governmental body?	n behalf of your office or for your	
	nswered "yes" to the question, STOP You need not comple sign this form. If you answered "no" to the question, go on to		
If you are advised th	being paid for your representation, or if your appearance is nat:	part of other paid duties, please be	
1.	Before you engage in lobbying as a lobbyist, you or authorization with the City Clerk.	your principal must file an	
2.	Your principal is not permitted to authorize you to lobb with the City Clerk.	by unless you are registered	
3.	If your principal spends or will owe more than \$1,000 reporting period (half year), the principal must file expe Clerk for the remainder of the calendar year?		
	o to the City Clerk's website <u>www.cityofmadison.com/clerk/in</u> 103 of the City-County Building, Madison, for more informatio		
Date	Signature		
	Print Name		

Date: 11/11/08

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Kristin Cucinsk	Address: 2355	Son WI 53726
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions

(If you answe	ng are you representing an organization or a person otle ered "no," STOP; you need not complete the rest of the who you represent and go on to the next question.)	
Name, addre	ess and telephone number of each person or organizati	on you are representing:
Are you being	g paid for your representation?	☐ Yes ☐ No
	earing as part of your other paid duties for this person of ered "no," STOP; you need not complete the rest of thi stion)	
•	elected official or employee who is appearing solely or other governmental body?	y on behalf of your office or for your Yes No
	rered "yes" to the question, STOP. You need not com In this form. If you answered "no" to the question, go on	
If you are be advised that:	eing paid for your representation, or if your appearance	e is part of other paid duties, please be
1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk	or your principal must file an
2.	Your principal is not permitted to authorize you to lewith the City Clerk.	obby unless you are registered
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?	
	o the City Clerk's website <u>www.cityofmadison.com/cler</u> 3 of the City-County Building, Madison, for more informa	
Date	Signature	
	Print Name	

PLEASE PRINT CLEARLY	Notice	-N- h n-da 151
Name: Maraarlt	Address: 1/5	, MORIN UTUMMAST
J	- NUITS Address: 115	nadion 53715
	CHECK ONE BOX IN THIS COLUM	
Amendment No. 2 45	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)			
Name, address and telephone number of each person or organization you are representing:			
Are you b	eing paid for your representation?		
	ppearing as part of your other paid duties for this person or organization? Yes No swered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to uestion.)		
Are you municipal	an elected official or employee who is appearing solely on behalf of your office or for your ity or other governmental body?		
(If you ar you must	swered "yes" to the question, STOP . You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)		
If you are advised t	being paid for your representation, or if your appearance is part of other paid duties, please be lat:		
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
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(Please g at Room	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 103 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: It It O8

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY	Addross: F	
Name: Michael Vicke	Rua Address. 50°	7 Elmside Blud.
	ma	9 Elmide Blud.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No. 30	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answ	eting are you representing an organization or a person other than yourself: You revered "no," STOP; you need not complete the rest of this form. If you answer of who you represent and go on to the next question.)	ed "yes," provide		
Name, addre	Name, address and telephone number of each person or organization you are representing:			
Are you bein	eing paid for your representation?	☐ No		
	pearing as part of your other paid duties for this person or organization?			
	n elected official or employee who is appearing solely on behalf of your or other governmental body?	office or for your		
` •	swered "yes" to the question, STOP You need not complete the rest of this resign this form. If you answered "no" to the question, go on to the next question.)			
If you are be advised that:	being paid for your representation, or if your appearance is part of other paid of at:	duties, please be		
1	Before you engage in lobbying as a lobbyist, you or your principal mu authorization with the City Clerk.	ıst file an		
2.	Your principal is not permitted to authorize you to lobby unless you are with the City Clerk.	registered		
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 t 03 of the City-County Building, Madison, for more information.)	he Clerk's Office		
Date	Signature			
	Print Name			

Date: 11 NOV 2008

CITY OF MADISON **Registration Statement - Common Council 2009 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 MORRIS	Address: 29 £	EW,1500 #205
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

EXPAND BUS SERVICE - DECREASE RATES
(SEE BACK) STOP SUBSIDIZING

CARS/PARKING

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, addre	ss and telephone number of each person or organization you are representing:		
Are you being	g paid for your representation?		
Are you being paid for your representation? 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?			
, ,	ered "yes" to the question, STOP. You need not complete the rest of this form, except that a this form. If you answered "no" to the question, go on to the next question.)		
If you are be advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be		
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. 		
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?			
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information)		
Date 11 NO	108 Signature Surveyor Morro		
	Print Name JANE ANNE MORRIS		

Date: 11/11/68

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: FREDERICK B	ARTOL Address: F	E. GILMAN ST., #101
(FOR DANE ALLIANCE FOR TRANSPI		DISON, WI 53703
	CHECK ONE BOX IN THIS COLUM	
Amendment No. 30	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	

At this meeting are you representing an organization or a person other than yourself: Yes			
Name, addre	ss and telephone number of each person or organization you are representing:		
DANE	ALLIANCE FOR RATIONAL TRANSPORTATION		
I E	GILMAN ST, #101		
MADIS	ion, W1 53703 (608) 251-6126		
Are you being	g paid for your representation?		
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?			
	ered "yes" to the question, STOP You need not complete the rest of this form, except that a this form. If you answered "no" to the question, go on to the next question.)		
If you are bei advised that:	ng paid for your representation, or if your appearance is part of other paid duties, please be		
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.	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 <u>www.cityofmadison.com/clerk/index.html</u> 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 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: The content of the		33 AlpineRd, Ligar, UI 5374
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 30	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you ansv	ng are you representing an organization or a person other than yourself: Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Name, addr	ess and telephone number of each person or organization you are representing:		
Are you bei	g paid for your representation?		
	earing as part of your other paid duties for this person or organization?		
	elected official or employee who is appearing solely on behalf of your office or for you or other governmental body?		
	rered "yes" to the question, STOP. You need not complete the rest of this form, except that In this form. If you answered "no" to the question, go on to the next question.)		
If you are be advised that	ring paid for your representation, or if your appearance is part of other paid duties, please be		
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
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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?			
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office B of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: (1/4/08

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: BRIAN LAVEND	Address: 230	DENTER AL
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

	Print Name		
Date	Signature		
(Please go at Room 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 33 of the City-County Building, Madison, for more information)		
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?			
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
If you are b advised tha	peing paid for your representation, or if your appearance is part of other paid duties, please be t:		
(If you ansv you must si	wered "yes" to the question, STOP . You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)		
	n elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
Are you app (If you answ the next que	pearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)		
Are you bei	ing paid for your representation?		
Name, add	ress and telephone number of each person or organization you are representing:		
(If you ansu	ting are you representing an organization or a person other than yourself: Yes Nowered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the first you represent and go on to the next question.)		

Date:	il	[[08
			V

PLEASE PRINT CLEARLY Name: ON STANCE M.	KILMARK Address: 18	DISON WE 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 3	Support Doppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions

At this meeting are you representing an organization or a person other than yourself: Yes (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, addre	ss and telephone number of each person or organization you are representing:			
Are you being	g paid for your representation?			
	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)			
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)				
If you are bei advised that:	ng paid for your representation, or if your appearance is part of other paid duties, please be			
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?			
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)			
Date (()	108 Signature Constance M. K. Lmunh			
•	Print Name CONSTANCE M. KILHARK			

Date: [//lt/08

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Tracy Die	Tzel Address: 515	5. Paterson odison, WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 30	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you ans	eting are you representing an organization or a person other than yourself: Yes wered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide of who you represent and go on to the next question.)
Name, ad	dress and telephone number of each person or organization you are representing:
Are you be	eing paid for your representation?
	opearing as part of your other paid duties for this person or organization?
•	an elected official or employee who is appearing solely on behalf of your office or for your ty or other governmental body? $\ \square$ Yes $\ \square$ No
	swered "yes" to the question, STOP . You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)
If you are advised th	being paid for your representation, or if your appearance is part of other paid duties, please be at:
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: _________

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Mary Elizabeth	Pesaces; Address: 519	5 S. Paterson St. #2 SN WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No. 30	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ 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 (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:				
Are you k	eing paid for your representation?			
Are you a (If you ar the next o	ppearing as part of your other paid duties for this person or organization? Yes No swered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to question.)			
Are you municipa	an elected official or employee who is appearing solely on behalf of your office or for your ity or other governmental body?			
(lf you ai you must	swered "yes" to the question, STOP You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)			
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(Please g at Room	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 103 of the City-County Building, Madison, for more information)			
Date	Signature			
	Print Name			

11-11-08 Date:

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Scott B. The	Address: 1/C	04 JENIFER ST
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No.	Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ 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 \sum 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, addre	ss and telephone number of each person of	or organization you are representing:
MARC	RUETTE NEIGHBORITOOD	ASSOCIATION
Are you being	g paid for your representation?	☐ Yes 📈 No
	earing as part of your other paid duties for tered "no," STOP; you need not complete the stion.)	his person or organization? Yes None rest of this form. If you answered "yes," go on to
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?		
(If you answe you must sign	ered "yes" to the question, STOP. You ne n this form. If you answered "no" to the que	eed not complete the rest of this form, except that estion, go on to the next question.)
If you are be	ing paid for your representation, or if your	appearance is part of other paid duties, please be
1	Before you engage in lobbying as a lo authorization with the City Clerk.	bbyist, you or your principal must file an
2.	2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
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?		
	the City Clerk's website <u>www.cityofmadis</u> of the City-County Building, Madison, for n	on.com/clerk/index.html or go to the Clerk's Office nore information.)
Date	Signature	
	Print Name	

Date: 11-11-08

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY		
Name: AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	COSSIVX Address: 25	
ENTER AMENDMENT NUMBER	26/3 ray an My	IN & ONE BOX IN THIS COLUMN
		T Make to another
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question)		
Name, address and telephone number of each person or organization you are representing:		
Are yo	u bein	g paid for your representation?
	answe	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to stion.)
		elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

PLEASE PRINT CLEARLY Name:		107 Summit Ave.
ENTER AMENDMENT NUMBER		adison, WIT 53724 IN & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 25	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☑ Do not wish to speak ☐ Available to answer questions
Amendment No. 43	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No. 44	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

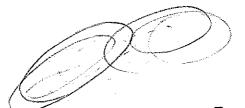
At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)				
Name, addre	ess and telephone number of each person or organization you are representing:			
· <u>-</u>				
Are you being	g paid for your representation?			
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to stion.)			
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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?				
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)			
Date	1/12/08 Signature the Kh			
	Print Name Fred R. Swanson			

Date: ________

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: AROW CRANDAL		DY PROUDETT ST ADTSON 53715
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. <u>30</u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No32	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No35	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ 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 (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)			
Name, address and telephone number of each person or organization you are representing:			
Are you b	peing paid for your representation?	☐ Yes ☐ No	
Are you a (If you and the next q	uppearing as part of your other paid duties for this pe swered "no," STOP; you need not complete the rest question.)	rson or organization?	
	an elected official or employee who is appearing lity or other governmental body?	solely on behalf of your office or for your Yes No	
(lf. you an you must	nswered "yes" to the question, STOP You need no sign this form. If you answered "no" to the question,	t complete the rest of this form, except that go on to the next question)	
If you are advised th	being paid for your representation, or if your appeanat:	trance is part of other paid duties, please be	
1.	Before you engage in lobbying as a lobbyist authorization with the City Clerk.	, you or your principal must file an	
2.	Your principal is not permitted to authorize you with the City Clerk.	u to lobby unless you are registered	
3.	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 at Room 1	o to the City Clerk's website <u>www.cityofmadison.cor</u> 103 of the City-County Building, Madison, for more in	m/clerk/index.html or go to the Clerk's Office officention.)	
Date	Signature		
	Print Name		



Date: 1 - 1 - 8

CITY OF MADISON

Registration Statement - Common Council

2009 OPERATING BUDGET

Name: 10 m Little	alu Address: 12	30 Williamson St. #2
		53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLU	JMN & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 38	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ 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 (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, addre	Name, address and telephone number of each person or organization you are representing:		
·			
Are you being	paid for your representation?		
	aring as part of your other paid duties for this person or organization? \square Yes \square No ared "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
. •	ered "yes" to the question, STOP. You need not complete the rest of this form, except that a this form. If you answered "no" to the question, go on to the next question.)		
If you are bei advised that:	ng paid for your representation, or if your appearance is part of other paid duties, please be		
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.		
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?			
, –	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information)		
Date	Signature		
	Print Name		

Date: $11 - 11 - 0 \ 3$

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: R KIEF	Address: 4413	DOE CROSSING TR
	MAD	150N, WI 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	

(If you answ	ered "no," STOP ,	senting an organization ryou need not complet nt and go on to the nex	e the rest of th	her than yourself: Yes No is form. If you answered "yes," provide
Name, addre	ess and telephone	e number of each perso	n or organizati	on you are representing:
				
Are you bein	g paid for your re	presentation?		☐ Yes ☐ No
Are you appoint (If you answ the next que	ered "no," STOP;	our other paid duties for you need not complete	or this person o the rest of this	or organization?
Are you an municipality	elected official or other governm	or employee who is ap ental body?	ppearing solely	on behalf of your office or for your ☐ Yes ☐ No
(If you answ you must sig	ered "yes" to the In this form. If you	question, STOP. You answered "no" to the o	need not com question, go on	plete the rest of this form, except that to the next question.)
If you are be advised that	eing paid for your	representation, or if yo	ur appearance	is part of other paid duties, please be
1.	Before you eng authorization wi	gage in lobbying as a th the City Clerk.	lobbyist, you	or your principal must file an
2.	Your principal is with the City Cle	s not permitted to auth	orize you to lo	obby unless you are registered
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 at Room 103	o the City Clerk's of the City-Coun	website <u>www.cityofma</u> ty Building, Madison, fo	dison.com/cleri or more informa	k/index.html or go to the Clerk's Office
Dateit	11 28	Signature	Jon	Kef
		Print Name	LORI	KIEF

Date: 11(11(68

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: DIANE FARSET	Address: 2 -	3 N 5th St disan 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	,
Amendment No	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 30	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 2	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you ans	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, add	dress and telephone number of each person or organization	n you are representing:			

Are you be	ing paid for your representation?	☐ Yes ☐ No			
	pearing as part of your other paid duties for this person or wered "no," STOP ; you need not complete the rest of this uestion.)				
	n elected official or employee who is appearing solely y or other governmental body?	on behalf of your office or for your ☐ Yes ☐ No			
	swered "yes" to the question, STOP. You need not comparign this form. If you answered "no" to the question, go on t				
If you are badvised that	peing paid for your representation, or if your appearance i at:	s part of other paid duties, please be			
1.	Before you engage in lobbying as a lobbyist, you cauthorization with the City Clerk.	or your principal must file an			
2.	Your principal is not permitted to authorize you to lob with the City Clerk.	oby unless you are registered			
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/</u> 03 of the City-County Building, Madison, for more informat				
Date	Signature				
	Print Name				

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Barbara Smit	<u>h</u> Address: <u>31</u>	Sherman Ter. Apt adison W1 5370
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No	Support Oppose Neither Support Nor Oppose	Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions

(If you answ	ng are you representing an organization or a person other than yourself: Yes			
Name, addre	ess and telephone number of each person or organization you are representing:			
State	Worker Bus Action Committee			
(den	+ have addresses)			
	nen Clark, Craig Mynto, Mark Knedder, Phil Klein			
	g paid for your representation?			
	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion)			
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question)				
If you are be advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be			
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?			
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			

Date:	1)	[15]	68

PLEASE PRINT CLEARLY Name: TM WONC	Address: (6 (JACKSON N 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	

(If you	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,	addre	ess and telephone number of each person or organization you are representing:			

^ro voi	ı bein	g paid for your representation?			
•		g paid for your representation?			
	answe	earing as part of your other paid duties for this person or organization? \square Yes \square No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)			
		elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?			
		ered "yes" to the question, STOP . You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)			
If you a advised	are bei	ing paid for your representation, or if your appearance is part of other paid duties, please be			
	1.,	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.			
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:	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?			
		o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)			
Date _		Signature			
		Print Name			

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name:	1 Jr Address: 133	5 Williamson#2
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. 20	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ 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 (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, addre	ss and telephone number of each person or organization you are representing:		
Are you being	g paid for your representation?		
	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
	ered "yes" to the question, STOP You need not complete the rest of this form, except that a this form. If you answered "no" to the question, go on to the next question.)		
If you are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be		
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?		
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Michael II+	Address: 60	S. Orchard St. #2 son, WI 53715
-:	Madi	son, W 53715
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	✓ Wish to speak✓ Do not wish to speak✓ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer guestions

(If you answ	ing are you representing an organization or a person other than yourself: ⊠ Yes □ Novered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide who you represent and go on to the next question.)	
Madison	ess and telephone number of each person or organization you are representing: m-Ain aro Sister City Alliance (of the East Timor Action Networker www. aideasttimor.org)	U(1). —
Are you beir	ng paid for your representation? ☐ Yes	_
Are you app	earing as part of your other paid duties for this person or organization? Yes No rered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on the complete the rest of this form.	
	elected official or employee who is appearing solely on behalf of your office or for your other governmental body?	ur
	vered "yes" to the question, STOP . You need not complete the rest of this form, except the gn this form. If you answered "no" to the question, go on to the next question.)	at
If you are be advised that	eing paid for your representation, or if your appearance is part of other paid duties, please b :	е
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?	
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Offic 3 of the City-County Building, Madison, for more information)	e
Date	Signature	
	Print Name	

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

	PLEASE PRINT CLEARLY		
	Name: SHARUL KATE	Address: \mathcal{J}	Obe, Winnequalike
		<u></u>	Obe, Winnequatife
	ENTER AMENDMENT NUMBER		UMN & ONE BOX IN THIS COLUMN
	Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
	Amendment No. 30	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
	Amendment No [Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
4	Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
	Amendment No	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
	Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
	Amendment No	Support Oppose Neither Support Nor Oppose	☐ 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, add	Name, address and telephone number of each person or organization you are representing:			
Are you be	ing paid for your representation?	☐ Yes ☐ No		
	pearing as part of your other paid duties for this pers wered "no," STOP; you need not complete the rest of testion.)			
	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
	wered "yes" to the question, STOP You need not ign this form. If you answered "no" to the question, g			
If you are badvised that	peing paid for your representation, or if your appear at:	ance is part of other paid duties, please be		
1	Before you engage in lobbying as a lobbyist, authorization with the City Clerk.	you or your principal must file an		
2.	Your principal is not permitted to authorize you with the City Clerk.	to lobby unless you are registered		
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</u> 03 of the City-County Building, Madison, for more inf			
Date	Signature			
	Print Name			

Date: <u>//-//- 08</u>

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Miky OBRIGN	Address: 40	18 Rockwell Dr
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No. 28	Support Oppose Neither Support Nor Oppose	☐ Wish to speak✓ Do not wish to speak☐ Available to answer questions
Amendment No. <u>29</u>	Support☐ Oppose☐ Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you	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	e, addre	ess and telephone number of each person or organization you are representing:			
Are yo	ou beir	g paid for your representation?			
(If you		earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)			
Are yo munic	ou an ipality	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?			
		ered "yes" to the question, STOP . You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)			
	are be	ing paid for your representation, or if your appearance is part of other paid duties, please be			
	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?			
		o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)			
Date ₋		Signature			
		Print Name			

Date:	11-	//	-08
-	•		

		$-\overline{\eta}$
PLEASE PRINT CLEARLY Name: AMMEN CU	Address: 4/	3 N MIDVALE B. ADKIN 53705
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 30	Support Deprose Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ 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,	Name, address and telephone number of each person or organization you are representing:				
Are you	u beir	ng paid for your representation?			
Are you (If you the nex	answ	earing as part of your other paid duties for this person or organization?			
Are yo municip	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(If you you mu	ansv Ist sig	vered "yes" to the question, STOP You need not complete the rest of this form, except that In this form. If you answered "no" to the question, go on to the next question.)			
lf you a advised	are be	eing paid for your representation, or if your appearance is part of other paid duties, please be :			
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.			
:	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
•	3	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(Please at Roon	go t n 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office B of the City-County Building, Madison, for more information.)			
Date		Signature			
		Print Name			

Date:	<u> 1411 - </u>	

PLEASE PRINT CLEARLY Name: Linda Ketch	am Address: 8	13 Flora La dison WT 5371
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 30	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No. <u>+</u>	Support Oppose Neither Support Nor Oppose	☑. Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 4	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	

At this meeting are you representing an organization or a person other than yourself: Yes \sum 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, addre	ess and telephone number of each person or organization you are representing:			
Linda	Ketchan, Madison area Urban Ministry			
	Ketchan, Madison area Urban Ministry 2300 5 Park St #5 Madison W-537H			
Are you bein	g paid for your representation?			
Are you appearing as part of your other paid duties for this person or organization? Yes \sum 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 municipality	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
(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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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information)			
Date	Date 1/11/08 Signature 7			
	Print Name Linda Ketcham			

Date:	11	111/43	

PLEASE PRINT CLEARLY Name:	Address:	
Name: (ARL JR P 13	Address.	7/62 TRURLHAR
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 37	Support Oppose Neither Support Nor Oppose	Wish to speakDo not wish to speakAvailable to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. <u>५५</u>	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment Noう○	Support Oppose Neither Support Nor Oppose	Wish to speakDo not wish to speakAvailable to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	

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Name, address and telephone number of each person or organization you are representing:				
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Are you being	g paid for your representation?			
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)			
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)			
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information)			
Date/	Signature Can Can Print Name Charles Taccases			
	Print Name diagle Taggiero			

PLEASE PRINT CLEARLY Name: Michael May 5	Schney Address: 66/	1 Mendota Ct
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	1
Amendment No3 ∂	Support Oppose - Two Stems Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
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Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ 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 (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question)					
Name, address and telephone number of each person or organization you are representing:					
	·		 ,		
Are you bei	ng paid for your re	epresentation?	,	☐ Yes ☑ No	
	/ered "no," STOP ,			son or organization? Tyes Dynamic No of this form. If you answered "yes," go on to	
-	elected official or other governm		ppearing s	solely on behalf of your office or for your	
				complete the rest of this form, except that go on to the next question.)	
If you are b advised tha		representation, or if y	our appeara	rance is part of other paid duties, please be	
1.		gage in lobbying as a ith the City Clerk.	a lobbyist,	you or your principal must file an	
2.	Your principal with the City Cl		horize you	to lobby unless you are registered	
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?				
		s website <u>www.cityofma</u> nty Building, Madison, t		n/clerk/index.html or go to the Clerk's Office formation.)	
Date//_	11108	Signature _	n	N Juhnsen	
		Print Name	Michael	el Juhosen	

Date: 11 - 11 - 2008

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Catherine 1	HXon Address: 29 Ma	E. Wilson dison
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 30	Support Oppose Neither Support Nor Oppose	Wish to speakDo not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ 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 (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, addre	Name, address and telephone number of each person or organization you are representing:				
Are you being	g paid for your representation?				
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Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?					
	ered "yes" to the question, STOP You need not complete the rest of this form, except that a this form. If you answered "no" to the question, go on to the next question.)				
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)				
Date	Signature Aginerin Him				
	Print Name Catherine Hison				

PLEASE PRINT CLEARLY Name:	MSCM Address:	702 N. Heph At Madeson, W.
ENTER AMENDMENT NUMBER		UMN & ONE BOX IN THIS COLUMN
Amendment No. 3	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answe	ng are you representing an organization or a person other than yourself: Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Name, addre	as and telephone number of each person or organization you are representing: When I Sunsing the Contract Wisconsing		
//	2 N. Night Par 100 ladder, WF		
Are you being	g paid for your representation?		
	earing as part of your other paid duties for this person or organization? ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
(If you answe you must sign	ered "yes" to the question, STOP. You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)		
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)		
Date	/////08 Signature / Muy Jun-		
	Print Name /Vancy / Pases		

Date:	1/-	11-20	008

PLEASE PRINT CLEARLY Name: A / e x (5) 1/15	Address: <u>29</u>	E. Wilson
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 30	Support Oppose Neither Support Nor Oppose	✓ Wish to speak✓ Do not wish to speak✓ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerguestions

At this meeting are you representing an organization or a person other than yourself: Yes \(\subseteq \text{No} \) (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, addı	ress and telephone number of each person or organization y	ou are representing:	
	Immigration Union		
Are you bei	ing paid for your representation?	∑ Yes □ No	
Are you app (If you answ the next que	pearing as part of your other paid duties for this person or org wered "no," STOP ; you need not complete the rest of this for estion.)	ganization? 😭 Yes 🔲 No m If you answered "yes," go on to	
Are you an municipality	n elected official or employee who is appearing solely on or other governmental body?	behalf of your office or for your Yes No	
	wered "yes" to the question, STOP. You need not complete ign this form. If you answered "no" to the question, go on to the		
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/ind</u> 3 of the City-County Building, Madison, for more information.		
Date	Signature		
	Signature Print Name A L X (5)	1125	

Date:	$-\mu$	h /	08	

PLEASE PRINT CLEARLY Name: Delora New M	Address: 415	E washington De
	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 38	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Are you appearing as part of your other paid duties for this person or organization? Are 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 runnicipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more Information.)	At this meeting are you representing an organization or a person other than yourself: Yes \sum 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.)			
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at Room 103 of the City-County Building, Madison, for more information.)	3.	reporting period (half year), the principal must file expense statements with the City		
Data Wulder Simple				
Print Name Ala Alatha	Date	Signature VIII		

Date:	11/11/08
	

PLEASE PRINT CLEARLY Name: MICHINEL JACO	Address: 410	DD 1500 21 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 30	☐ Support☐ Oppose☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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	lress and telephone number of each person or organization you are representing:		
	MARQUETTE NEIGHBORHOOD DSSOCIATION		
	953 Jenistin 57 53703		
Are you being	ing paid for your representation?	 }No	
	pearing as part of your other paid duties for this person or organization? ☐ Yes wered "no," STOP ; you need not complete the rest of this form. If you answered "you estion.)	☐ No es," go on to	
	n elected official or employee who is appearing solely on behalf of your office y or other governmental body?	or for your] No	
	wered "yes" to the question, STOP. You need not complete the rest of this form, ign this form. If you answered "no" to the question, go on to the next question.)	except that	
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the C 03 of the City-County Building, Madison, for more information.)	Clerk's Office	
Date/	Signature		
	Print Name		

PLEASE PRINT CLEARLY Name: LOUISE ROOT-RE	OBAN Address: 312	2 Oxford Road
	$\overline{\mathbb{M}}$	2 Oxford Road
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUN	IN & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answe	ng are you represent ered "no," STOP; yo who you represent a	u need not comp	plete the rest of th			
Name, addre	ss and telephone nu	mber of each pe	erson or organizati	ion you are repres	senting:	
Are you being	g paid for your repre	sentation?			Yes 🕍 No	
Are you appe (If you answe the next ques	earing as part of you ered "no," STOP; you stion.)	other paid dutie u need not comp	es for this person of lete the rest of thi	or organization? is form. If you ans	☐ Yes X N swered "yes," go on	lo i to
Are you an municipality	elected official or e or other government	mployee who is al body?	appearing solely	y on behalf of ye	our office or for yo Yes No	our
(If you answe you must sigi	ered "yes" to the qu n this form. If you an	estion, STOP. Y swered "no" to th	ou need not com ne question, go on	plete the rest of to the next ques	this form, except th	hat
If you are be advised that:	ing paid for your rep	resentation, or it	f your appearance	e is part of other p	paid duties, please	be
1.	Before you engage authorization with the		s a lobbyist, you	or your principa	ıl must file an	
2.	Your principal is no with the City Clerk	ot permitted to a	authorize you to l	obby unless you	are registered	
3 .	If your principal sp reporting period (ha Clerk for the remain	alf year), the prin	ncipal must file ex			
(Please go to at Room 103	the City Clerk's we of the City-County E	bsite <u>www.cityof</u> Building, Madisor	madison.com/cler n, for more informa	k/index.html or go ation.)	o to the Clerk's Offi	ïce
Date \	4 0 /	Signature	Helmr	F-Nost-R		
		Print Name	LOUISE	1200 - Pa	BRA	

Date: 11/11/08

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY)
Name: MARGARET BERGA	Address: 454	NEW St NuDison
	A second	MADISON WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No. <u>30</u>	Support□ Oppose□ Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 40	Support□ Oppose□ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. 25	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No26	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No. 37	Support Oppose Neither Support Nor Oppose	◯ Wish to speak◯ Do not wish to speak◯ Available to answer questions
Amendment No. 35	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 45	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you an	eting are you representir swered "no," STOP; you of who you represent an	need not comp	lete the re	st of this form. If	ourself: Yes you answered "y	No es," provide
Name, ad	dress and telephone nun	nber of each per	rson or org	anization you are	representing:	
Are you b	eing paid for your represe	entation?			☐ Yes 🗡	No
Are you a (If you and the next q	swered no, STOP ; you	other paid duties need not compi	s for this pe lete the res	erson or organiza t of this form. If y	tion? ☐ Yes you answered "ye	No s," go on to
Are you a	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?					
(If you an	swered "yes" to the que sign this form. If you ans	stion, STOP. Y	ou need n	ot complete the i	rest of this form,	
If you are advised th	being paid for your represat:	esentation, or if	your appe	arance is part of	other paid duties	, please be
1.	Before you engage authorization with the		a lobbyis	t, you or your p	orincipal must file	e an
2.	Your principal is not with the City Clerk.	permitted to a	uthorize yo	ou to lobby unles	ss you are regist	ered
3.	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 at Room 1	o to the City Clerk's web 103 of the City-County Bu	site <u>www.cityofr</u> ilding, Madison	madison.co , for more i	om/clerk/index.htr information.)	<u>nl</u> or go to the Cl	'erk's Office
Date <u>//</u>	11/08	Signature	Mm		···· · · · · · · · · · · · · · · · · ·	
	i l	Print Name				

Date: Nov 11, 2008

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Carousel Ba	UVD Address: 490	1 Shewoodkal Won W 537/1
	Mac	lum W 537/1
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI	N & ONE BOX IN THIS COLUMN
Amendment No. 30	Support Doppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ 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 (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, addre	ess and telephone number of each person or organization you are representing:				
Are you beir	g paid for your representation?				
	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to stion.)				
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?				
•	vered "yes" to the question, STOP . You need not complete the rest of this form, except that in this form. If you answered "no" to the question, go on to the next question.)				
If you are be advised that	eing paid for your representation, or if your appearance is part of other paid duties, please be				
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?				
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				

Date:	ĺ		ĺ	1	1	0	3
			_				_

PLEASE PRINT CLEARLY Name: Sherri Be	5 + 6 Address: 92	4 Ridgewood Wa tisons W.Z. 5371
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	.
Amendment No	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speakDo not wish to speakAvailable to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	 Wish to speak Do not wish to speak Available to answer questions

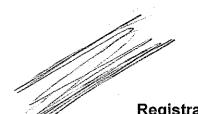
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)					
	ess and telephone number			ı you are representi	ng:
					
Are you bein	g paid for your represent	tation?		☐ Yes	MNo
Are you appe (If you answe the next que	earing as part of your othe ered "no," STOP; you ned stion.)	er paid duties ed not comple	for this person or of the the rest of this t	organization? []\ form. If you answere	Yes No ed "yes," go on to
Are you an municipality	Are you an elected official or employee who is appearing solely on behalf of your office of for your municipality or other governmental body?				
(If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)					
If you are be advised that:	ing paid for your represe	entation, or if y	our appearance is	part of other paid	duties, please be
1.	Before you engage in authorization with the C	lobbying as City Clerk.	a lobbyist, you o	r your principal mu	ıst file an
2.	Your principal is not pewith the City Clerk.	ermitted to au	thorize you to lob!	by unless you are	registered
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 at Room 103	o the City Clerk's website of the City-County Buildi	e <u>www.cityofm</u> ing, Madison,	adison.com/clerk/i for more informatio	ndex.html or go to a	the Clerk's Office
Date	11/08	Signature _	Sheri	Beste	<u> </u>
	I	Print Name _	Sherri	Best	

Date: 11 11 08

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: STANCE M.	KICHIARK Address: 18	DISON WI 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI	N & ONE BOX IN THIS COLUMN
Amendment No. 40		☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answe	ng are you representing an organization or a person or ered "no," STOP; you need not complete the rest of the who you represent and go on to the next question.)	ther than yourself: Yes No his form. If you answered "yes," provide			
Name, addre	ss and telephone number of each person or organization	tion you are representing:			
Are you being	g paid for your representation?	☐ Yes ☐ No			
	earing as part of your other paid duties for this person ered "no," STOP; you need not complete the rest of the stion.)				
•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)					
If you are bei	ing paid for your representation, or if your appearanc	e is part of other paid duties, please be			
. 1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	u or your principal must file an			
2.	Your principal is not permitted to authorize you to with the City Clerk.	lobby unless you are registered			
3.	If your principal spends or will owe more than \$1,0 reporting period (half year), the principal must file elected for the remainder of the calendar year?				
	o the City Clerk's website <u>www.cityofmadison.com/cle</u> of the City-County Building, Madison, for more inform				
Date	Signature Guillia	ie jeklmale			
(Print Name CONSTA	NOF M. KILMARK			



Date: 1108

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY		
Name: / San South	Address: KIK	S. Common Kil #4
	CHECK ONE BOX IN THIS COLUM	S- Gennon fol #45 ad Con WESS 75 IN & ONE BOX IN THIS COLUMN
		4
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answe	ng are you representing an organization or a person other than yourself. Yes \sum \text{No} No ered "no," STOP ; you need not complete the rest of this form If you answered "yes," provide who you represent and go on to the next question.)
Name, addre	ss and telephone number of each person or organization you are representing:
1/1/	1)CA
	OJE Miffin St.
<i>t</i>	Madison, WIT 55708
Are you being	g paid for your representation?
	earing as part of your other paid duties for this person or organization? Yes \sum No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
	ered "yes" to the question, STOP . You need not complete the rest of this form, except that a this form. If you answered "no" to the question, go on to the next question.)
If you are bei advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be
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?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)
Date	108 Signature In fuller
. /	Print Name / isa Susach

Date: 11 November 2008

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Joseph Lindstr	Address: 221	N. Sixth Street #Z
y	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 30	Support Remove Transit Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. 40	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	

At this meeting are you representing an organization or a person other than yourself: Yes \(\sum \) 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, ac	ddress and telephone number o	f each person or o	organ <u>i</u> zation y	ou are re	presenting:	
Honeles	ss Services Con	sartium	of [<u>ane</u>	Caputy	
Are you b	eing paid for your representation	on?			☐ Yes ☐	No
Are you a (If you an the next o	appearing as part of your other person in swered "no," STOP; you need question)	paid duties for this not complete the r	person or or est of this for	ganizatior rm. If you	n? ☐ Yes answered "ye	□ No es," go on to
Are you municipal	an elected official or employe lity or other governmental body	e who is appeari ?	ng solely on	behalf o	of your office	or for your No
(If you an you must	nswered "yes" to the question, sign this form. If you answered	STOP. You need "no" to the question	not complete on, go on to t	e the rest he next q	of this form, uestion)	except that
lf you are advised th	being paid for your representanat:	ition, or if your app	pearance is p	part of oth	er paid duties	, please be
1.	Before you engage in lot authorization with the City		yist, you or	your princ	cipal must file	e an
2.	Your principal is not perm with the City Clerk	itted to authorize	you to lobby	unless y	ou are regist	ered
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 g at Room :	o to the City Clerk's website <u>w</u> 103 of the City-County Building,	ww.cityofmadison. Madison, for more	com/clerk/ind e information	<u>dex.html</u> c .)	or go to the Cl	erk's Office
Date	Sig	nature				
	Pri	nt Name				

Date:	11-11-08

PLEASE PRINT CLEARLY Name: Luy Gibson	Address: [6]	O Angel (vest Way
ENTER AMENDMENT NUMBER		D Angel (vest Way dison \$3716 IN & ONE BOX IN THIS COLUMN
Amendment No. 45	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 38	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No. <u>식〇</u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☒ Do not wish to speak☐ Available to answer questions
Amendment No. 33	✓ Support✓ Oppose✓ Neither Support Nor Oppose	☐ Wish to speak☒ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you	u answ	ing are you representing an organization or a person other than yourself: Yes Novered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide who you represent and go on to the next question.)	
Name	e, addr	ess and telephone number of each person or organization you are representing:	
u - u - u -			
Are yo	ou beir	ng paid for your representation?	
(If you	ı answ	earing as part of your other paid duties for this person or organization? Yes No vered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)	
		elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?	
-		vered "yes" to the question, STOP You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)	
	are be	eing paid for your representation, or if your appearance is part of other paid duties, please be :	
	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?		
		o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)	
Date _.		Signature	
		Print Name	

Date: _	ĺ	- (1-8	કુ

PLEASE PRINT CLEARLY Name:	Standame Address: 9	12 SRIV		
ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN				
Amendment No. 38	Support Oppose Neither Support Nor Oppose	✓ Wish to speak✓ Do not wish to speak✓ Available to answer questions		
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose			
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No	Support Oppose Neither Support Nor Oppose	☐ 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 In 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, addre	ess and telephone number of each person or organizatio	n you are representing:	
	·		
Are you bein	g paid for your representation?	☐ Yes ☐ No	
	earing as part of your other paid duties for this person or ered "no," STOP; you need not complete the rest of this stion.)	. •	
•	elected official or employee who is appearing solely or other governmental body?	on behalf of your office or for your ☐ Yes ☐ No	
	rered "yes" to the question, STOP . You need not comp on this form. If you answered "no" to the question, go on t		
If you are be advised that:	ing paid for your representation, or if your appearance	is part of other paid duties, please be	
1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	or your principal must file an	
2.	Your principal is not permitted to authorize you to lol with the City Clerk.	bby unless you are registered	
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?			
	o the City Clerk's website <u>www.cityofmadison.com/clerk</u> 3 of the City-County Building, Madison, for more informat		
Date	Signature		
	Print Name		

Date:	5 7	80/11/	
		; 	

PLEASE PRINT CLEARLY Name: Dace Zepa	Address: 301	3 () or thing ton Av
- Bace equa	Ma	3 Worthington Am dison, WI 53714
ENTER AMENDMENT NUMBER		
Amendment No	Support Oppose Neither Support Nor Oppose	
Amendment No. 6,78	Support Oppose Neither Support Nor Oppose	Wish to speakDo not wish to speakAvailable to answer questions
Amendment No.	✓ Support☐ Oppose☐ Neither Support Nor Oppose	✓ Wish to speak✓ Do not wish to speak✓ Available to answer questions
Amendment No. 34, 35	Support Oppose Neither Support Nor Oppose	Wish to speak✓ Do not wish to speak☐ Available to answer questions
Amendment No. 31,39	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answerquestions
Amendment No. 40 (1)	Support Oppose Neither Support Nor Oppose	✓ Wish to speak✓ Do not wish to speak✓ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	✓ 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, add	dress and telephone number of each person or organiz	zation you are representing:		
•	Worthington Park New	Abortiona Asse		
	EINIPC			

Are you be	eing paid for your representation?	☐ Yes ☑ No		
Are you ap (If you ans the next qu	opearing as part of your other paid duties for this personwered "no," STOP ; you need not complete the rest of uestion.)	on or organization? Yes No this form. If you answered "yes," go on to		
	n elected official or employee who is appearing so by or other governmental body?	olely on behalf of your office or for your ☐ Yes ☐ No		
(If you ans you must s	swered "yes" to the question, STOP . You need not c sign this form. If you answered "no" to the question, go	complete the rest of this form, except that on to the next question.)		
If you are I advised that	being paid for your representation, or if your appeara	nce is part of other paid duties, please be		
1.	Before you engage in lobbying as a lobbyist, y authorization with the City Clerk.	ou or your principal must file an		
2.	Your principal is not permitted to authorize you twith the City Clerk.	o lobby unless you are registered		
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 at Room 10	o to the City Clerk's website <u>www.cityofmadison.com/c</u> 03 of the City-County Building, Madison, for more info	clerk/index.html or go to the Clerk's Office rmation.)		
Date	Signature			
	Print Name			

Date: 1//1/00

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

Name: No RM AN STOCK	KWLL Address:	401 ELMSIDE BLUT, MAD NON 53704
ENTER AMENDMENT NUMBER		PAD 1500 S3704 DLUMN & ONE BOX IN THIS COLUMN
Amendment No. 3	Support Oppose Neither Support Nor Oppose	questions
Amendment No.	Support Oppose Neither Support Nor Oppose	questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer e questions

(If you an:	eting are you representing an organization or a person other than yourself: Yes No swered "no," STOP; you need not complete the rest of this form If you answered "yes," provide of who you represent and go on to the next question.)
Name, ad	dress and telephone number of each person or organization you are representing:
Are you be	eing paid for your representation?
	ppearing as part of your other paid duties for this person or organization?
	an elected official or employee who is appearing solely on behalf of your office or for your ty or other governmental body?
	swered "yes" to the question, STOP You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)
If you are advised th	being paid for your representation, or if your appearance is part of other paid duties, please be at:
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?
	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 11-12-08

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: SEMARY LE	Address: 111 W	1 Wilson 150N 53703
- ,	CHECK ONE BOX IN THIS COLUMN	
Amendment No. <u>3</u>	Support Oppose Neither Support Nor Oppose	₩wish to speak Do not wish to speak Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answ	ng are you representing an organization or a person other than yourself: Yes No ered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide who you represent and go on to the next question.)
Name, addre	ess and telephone number of each person or organization you are representing:
Are you bein	g paid for your representation?
	earing as part of your other paid duties for this person or organization?
	elected official or employee who is appearing solely on behalf of your office or for your office or
• •	ered "yes" to the question, STOP. You need not complete the rest of this form, except than this form. If you answered "no" to the question, go on to the next question)
If you are be advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be
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?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: $\frac{ii/ii/08}{}$

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

Name: PAUL	Address: 214	S. MARQUETTE ST DISUM
ENTER AMENDMENT NUMBER		
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 29	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No/ 7	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answe	ng are you representing ered "no," STOP; you no who you represent and g	eed not complet	e the rest of t			No ," provide
Name, addre	ss and telephone numb	er of each perso	n or organiza	tion you are r	epresenting:	
			•			
Are you being	paid for your represen	tation?			☐ Yes ☐ N	0
•	earing as part of your otle ered "no," STOP; you ne stion.)	-	•			☑√No " go on to
	elected official or emp or other governmental b		opearing sole	ely on behalf	of your office or ☐ Yes ☐ √N	
	ered "yes" to the questing this form. If you answe					cept that
If you are bei advised that:	ng paid for your repres	entation, or if yo	ur appearanc	ce is part of o	ther paid duties, p	olease be
1.	Before you engage in authorization with the		lobbyist, yo	u or your pri	ncipal must file	an
2	Your principal is not p with the City Clerk.	ermitted to auth	norize you to	lobby unless	you are register	ed
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?					
	the City Clerk's websit of the City-County Build		or more inforn	nation.)		k's Office
Date/	11100	Signature	and the second s	P/Lie	<u> </u>	
•	•	Print Name	PAUL	HILL	·	

Date: 4/11/2008

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Edward Zapale	Address: 223 [E. Washington Ave. #2
	CHECK ONE BOX IN THIS COLUM	101 WI 53704
Amendment No. 30	☐ Support don't cut trans, t ☐ Oppose for jobs ☐ Neither Support Nor Oppose	 Wish to speak Do not wish to speak Available to answer questions
Amendment No. 40	✓ Support✓ Oppose✓ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	✓ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answe	ng are you representing an organization or a person other than yourself: Yes		
Name, addre	ess and telephone number of each person or organization you are representing:		
		_	
		_	
Are you being	g paid for your representation?		
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or organization? Yes 💹 No ered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on stion.)		
Are you an municipality	elected official or employee who is appearing solely on behalf of your office or for yo or other governmental body? $\ \square$ Yes $\ \ \ \square$ No	ur	
(If you answey	rered "yes" to the question, STOP. You need not complete the rest of this form, except the in this form. If you answered "no" to the question, go on to the next question.)	ıat	
If you are be advised that:	eing paid for your representation, or if your appearance is part of other paid duties, please l :	be	
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk		
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
(Please go to at Room 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Offi 3 of the City-County Building, Madison, for more information.)	ice	
Date 11/1	Vanna Signature (1. 1. 7. A.)		
Date 11/il	Print Name Edward Zafala		

Date: 11/10/08

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Dave group	Address: 645	Skyview Pl. #10 Loon, WI 52713
ENTER AMENDMENT NUMBER		
Amendment No.	Support Doppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 29	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 30	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 26	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No/_	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ 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 (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, add	dress and telephone number of each person or organiz	ation you are representing:	
Are you be	eing paid for your representation?	☐ Yes ☐ No	
Are you ap (If you ans the next qu	opearing as part of your other paid duties for this person swered "no," STOP; you need not complete the rest of uestion.)	n or organization?	
Are you a municipalit	in elected official or employee who is appearing sol by or other governmental body?	ely on behalf of your office or for your	
(If you ans you must s	swered "yes" to the question, STOP . You need not co sign this form. If you answered "no" to the question, go	omplete the rest of this form, except that on to the next question)	
If you are to advised the	being paid for your representation, or if your appearan at:	ce is part of other paid duties, please be	
1	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	ou or your principal must file an	
2.	Your principal is not permitted to authorize you to with the City Clerk	o lobby unless you are registered	
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 at Room 10	o to the City Clerk's website <u>www.cityofmadison.com/cl</u> 03 of the City-County Building, Madison, for more infor	lerk/index.html or go to the Clerk's Office mation.)	
Date	Signature		
	Print Namo		

Date: 11(11/08

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Laura M,	Address: 12	33 E. Wilson St.
		dison, w/ 53702
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUN	MN & ONE BOX IN THIS COLUMN
Amendment No. 30	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 32	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 35	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No. 25	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer

At this meeting are you representing an organization or a person other than yourself: Yes (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, a	addre	ss and telephone number of each person or organization ye	ou are representing:
Are you	being	paid for your representation?	☐ Yes ☐ No
	nswe	aring as part of your other paid duties for this person or org ered "no," STOP; you need not complete the rest of this for stion.)	
		elected official or employee who is appearing solely on or other governmental body?	behalf of your office or for your Yes No
		ered "yes" to the question, STOP You need not complete on this form If you answered "no" to the question, go on to the	
lf you ar advised		ng paid for your representation, or if your appearance is p	art of other paid duties, please be
1		Before you engage in lobbying as a lobbyist, you or yauthorization with the City Clerk.	your principal must file an
2) • •	Your principal is not permitted to authorize you to lobby with the City Clerk	unless you are registered
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?	
		the City Clerk's website <u>www.cityofmadison.com/clerk/ind</u> of the City-County Building, Madison, for more information	
Date		Signature	
		Print Name	

Date:	11/11/08	

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: MICHOEL JAGO	Address:	110 Russeu ST
ENTER AMENDMENT NUMBER		MADIS ~ ~ 53704 IN & ONE BOX IN THIS COLUMN
Amendment No6	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No9	☑ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. 4/6,22-23,24,34,36	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 35	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No35	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No43	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 44,45	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerguestions

At this meeting are you representing an organization or a person other than yourself: Yes (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,	addres	ss and telephone number of each person or organization you are representing:	
Are you	u being	paid for your representation?	
	answe	aring as part of your other paid duties for this person or organization? ☐ Yes ☐ No red "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to tion.)	
		elected official or employee who is appearing solely on behalf of your office or for you rother governmental body?	
		ered "yes" to the question, STOP. You need not complete the rest of this form, except than this form. If you answered "no" to the question, go on to the next question.)	
If you a advised		ng paid for your representation, or if your appearance is part of other paid duties, please be	
,	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?	
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information)	
Date _		Signature	
		Print Name	

Date: <u>///2/08</u>

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY		
Name: Kristin Hoff	3chmidt Address: 52	19 Elmside Blvd.
		dison WL 53 Fox
	_ M	NESON WL 33/07
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
•	•	•
<u> </u>	Support No fare increases	/ ☐ Wish to speak
Amendment No. 30	Support No Tare Inc. cases	izazpo not wish to speak
Amendment No	☐ Oppose ☐ Neither Support Nor Oppose	Available to answer
		questions
7	⊠ Support	Wish to speak
Amendment No	Oppose	Do not wish to speak Available to answer
	□ Neither Support Nor Oppose	questions
		☐ Wish to speak
Amendment No.	Support	³☑ Do not wish to speak
Amendment No.	OpposeNeither Support Nor Oppose	Available to answer
	I Meither Support Not Obbose	questions
	☐ Support	Wish to speak
Amendment No	Oppose	Do not wish to speak
	☐ Neither Support Nor Oppose	Available to answer
		questions Wish to speak
	☐ Support	☐ Do not wish to speak
Amendment No	Oppose	Available to answer
	□ Neither Support Nor Oppose	questions
	Command .	☐ Wish to speak
Amendment No.	☐ Support☐ Oppose	Do not wish to speak
Aniendinent No.	☐ Neither Support Nor Oppose	Available to answer
		questions
	☐ Support	Wish to speak
Amendment No	Oppose	☐ Do not wish to speak☐ Available to answer
	Neither Support Nor Oppose	uestions
		questions .

(If you answ	ting are you representing an organization or a person overed "no," STOP; you need not complete the rest of the feat of the source of the seat of the	
Name, addr	ress and telephone number of each person or organiza	tion you are representing:
		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	
Are you bein	ng paid for your representation?	☐ Yes ☐ No
	pearing as part of your other paid duties for this person vered "no," STOP ; you need not complete the rest of the estion)	
	elected official or employee who is appearing sole or other governmental body?	ly on behalf of your office or for your ☐ Yes ☐ No
	wered "yes" to the question, STOP . You need not congression. If you answered "no" to the question, go o	
If you are be advised that	eing paid for your representation, or if your appearance t:	e is part of other paid duties, please be
1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	u or your principal must file an
2.	Your principal is not permitted to authorize you to with the City Clerk.	lobby unless you are registered
3.	If your principal spends or will owe more than \$1,000 reporting period (half year), the principal must file of Clerk for the remainder of the calendar year?	
	to the City Clerk's website <u>www.cityofmadison.com/cle</u> 3 of the City-County Building, Madison, for more inform	
Date	Signature	
	Print Name	

Date: 1/1/08

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY			
Name: Thomas Koz	Luc // Ad	ldress: //	39 Pele (14e Ave
18000	160912-1	- (J. J
		_ M 4	1 (Sori 12) 5-370t
ENTER AMENDMENT AUMOER	OUTOW ONE DOW IN	LTING COLUMN	N & ONE BOY IN THIS COLUMN
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN	THIS COLUMN	N & ONE BOX IN THIS COLUMN
•	-		•
		4.400	Wish to speak
Amendment No3	Support Oppose		Do not wish to speak
Amendment No	☐ Oppose ☐ Neither Support N	or Oppose	Available to answer
	Neither Support N		questions
٨	Support		Wish to speak
Amendment No	Oppose		Do not wish to speak
	☐ Neither Support N	or Oppose	Available to answer
			questions
	Support		Wish to speak
Amendment No	Oppose		Do not wish to speak
	☐ Neither Support N	or Oppose	Available to answer
		<u> </u>	questions Wish to speak
~	Support		Do not wish to speak
Amendment No. 29	Oppose		Available to answer
	□ Neither Support N	or Oppose	questions
			Wish to speak
20	Support		Do not wish to speak
Amendment No. <u>30</u>	Oppose	_	Available to answer
		or Oppose	questions
	Support	<u> </u>	☐ Wish to speak
Amendment No	Oppose		☑ Do not wish to speak
Amendment No	Neither Support N	or Oppose	Available to answer
	- Notation ouppoint is	——————————————————————————————————————	questions
	Support		☐ Wish to speak
Amendment No. 5	Oppose	j	Do not wish to speak
	☐ Neither Support N	or Oppose	Available to answer
	—— i	- 1- 1	questions

At this meeting are you representing an organization or a person other than yourself: Yes (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, add	ress and telephone number of each person or organization	on you are representing:
Are you bei	ing paid for your representation?	☐ Yes ☐ No
Are you app (If you answ the next qu	pearing as part of your other paid duties for this person owered "no," STOP; you need not complete the rest of this pestion.)	or organization?
	n elected official or employee who is appearing solely y or other governmental body?	on behalf of your office or for your
	wered "yes" to the question, STOP. You need not comign this form. If you answered "no" to the question, go on	
If you are badvised that	peing paid for your representation, or if your appearance at:	e is part of other paid duties, please be
1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	or your principal must file an
2	Your principal is not permitted to authorize you to lewith the City Clerk.	obby unless you are registered
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/cler</u> 03 of the City-County Building, Madison, for more informa	
Date	Signature	
	Print Name	

Date:	1/11/08

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Holly Hills	Address: 63 ^L	t W Main St edison W153703
		idison WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you	u answ	ing are you representing an organization or a person other than yourself: Yes No rered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide who you represent and go on to the next question.)
Name	e, addre	ess and telephone number of each person or organization you are representing:
Are yo	ou bein	g paid for your representation?
(If you		earing as part of your other paid duties for this person or organization? ☐ Yes ☐ No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)
		elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
		vered "yes" to the question, STOP. You need not complete the rest of this form, except that In this form. If you answered "no" to the question, go on to the next question.)
	are be	eing paid for your representation, or if your appearance is part of other paid duties, please be
	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?
		o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)
Date _.		Signature
		Print Name

Date: 1101 2008

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Elic Prot Cours	Address: 2/3	N. 5th Street lison, WI 53704
	Mac	lison, W1 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answ	ng are you representing an organization or a person other than yourself: X Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name, addre	ess and telephone number of each person or organization you are representing: on-Aharo Sister City Alian ce ony home address
	O MA Money Mark 6722
Are you bein	g paid for your representation?
	earing as part of your other paid duties for this person or organization? Yes X No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion)
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
(If you answ you must sig	ered "yes" to the question, STOP. You need not complete the rest of this form, except that In this form. If you answered "no" to the question, go on to the next question.)
If you are be advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be
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?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office Is of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 11/11/200 %

CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

Name: Rambara Smith	Address:	Sherman Ten Apt 3 ladison WI 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer

(If you	answe	ng are you representing an organization or a person other ered "no," STOP; you need not complete the rest of this for who you represent and go on to the next question.)	
Name, address and telephone number of each person or organization you are representing:			
			·
Are you	ı being	g paid for your representation?	☐ Yes ☐ No
	answe	earing as part of your other paid duties for this person or or or ered "no," STOP ; you need not complete the rest of this fo	
		elected official or employee who is appearing solely or other governmental body?	n behalf of your office or for your
		ered "yes" to the question, STOP. You need not completed this form. If you answered "no" to the question, go on to	
lf you a advised		ng paid for your representation, or if your appearance is	part of other paid duties, please be
	1.,	Before you engage in lobbying as a lobbyist, you or authorization with the City Clerk.	your principal must file an
4	2.	Your principal is not permitted to authorize you to lobb with the City Clerk.	y unless you are registered
;	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?	
		the City Clerk's website <u>www.cityofmadison.com/clerk/in</u> of the City-County Building, Madison, for more information	
Date _		Signature	
		Print Name	

Date: 11 - 08	
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CITY OF MADISON Registration Statement - Common Council 2009 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Donna Asif	Address: 201	N. Blan St. #307
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N& ONE BOX IN THIS COLUMN
Amendment No. <u>⊣ ⊙</u>	Support Oppose Neither Support Nor Oppose	Wish to speak□ Do not wish to speak□ Available to answer questions
Amendment No. <u>41</u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. <u>30</u>	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	☑ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answe	ng are you representing an organization or a person other than yourself: X Yes		
	ss and telephone number of each person or organization you are representing:		
Capital	Neighborhoods, Inc Pres. Bob Holloway 251-3333 OX 2613, Madison 53701		
P.O. B	0x 2613, Madison 53701		
Are you bein	g paid for your representation?		
	earing as part of your other paid duties for this person or organization? \square Yes $\stackrel{\widehat{\boxtimes}}{\boxtimes}$ No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)		
If you are be advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be		
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Date	Signature		
	Print Name		