

Date: _____

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

You must register before the Council considers your item.

Please Print

PLEASE PRINT CLEARLY

Amendment No. 38-02436

Name Janet Laube

Amendment No.

Address 2025 Jefferson St

Amendment No.

Madison, WI 53711

Amendment No.

Amendment No.

Please check the appropriate boxes:

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

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

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

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

Neighborhood House Community Center

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

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3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11/14/04

Signature *Janet J. Laube*
Print Name Janet J. Laube

Date: 11-14-06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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| | |
|---------------|----------------|
| Amendment No. | <u>3</u> ✓ |
| Amendment No. | <u>10</u> ✓ |
| Amendment No. | <u>13</u> ✓ |
| Amendment No. | <u>26</u> ✓ |
| Amendment No. | <u>31 + 38</u> |

02400
02407
02410
02424
02430, 02436

Name Marsha Rummel
 Address 1339 Rutledge St #2
Madison WI 53703

Please check the appropriate boxes:

- Support**
 Oppose
 Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
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Signature _____

Print Name _____

Date: 11/14/06

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| | |
|---------------|-----------------|
| Amendment No. | <u>38-02436</u> |
| Amendment No. | <u>32 02430</u> |
| Amendment No. | _____ |
| Amendment No. | _____ |
| Amendment No. | _____ |

Name Nancy Bradley
 Address 108 S. Mills St.
Madison WI (15)

Please check the appropriate boxes:

Support #38
 Oppose #32
 Neither Support Nor Oppose

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

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

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

Neighborhood House Community Center
29 S. Mills
Madison 258 5337

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
 Information Hearing 3 minutes
 Other Items 3 minutes

(SEE BACK)

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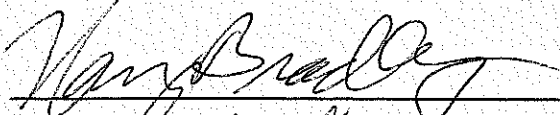
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date 11/14/06

Signature 
Print Name Nancy Bradley

Date: 11/14/06

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| Amendment No. | <u>32-02430</u> |
| Amendment No. | _____ |
| Amendment No. | _____ |
| Amendment No. | _____ |

Name Andy Heidt
 Address 108 S. Mills St
Madison (15)

Please check the appropriate boxes:

- Support 38
- Oppose 32
- Neither Support Nor Oppose

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

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

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

NH Community Center
29 S. Mills
Madison 255-5337

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

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Date 11/14/06 Signature Andy Heidt
Print Name Andy Heidt