

Date: 11/1/06

CITY OF MADISON
Registration Statement - Common Council
2007 CAPITAL BUDGET

02395 *You must register before the Council considers your item.*

Please Print

PLEASE PRINT CLEARLY

| | |
|---------------|--------------------------------|
| Amendment No. | <u>10/ East Wisconsin Arts</u> |
| Amendment No. | _____ |
| Amendment No. | _____ |
| Amendment No. | _____ |
| Amendment No. | _____ |

Name MARIANNE MORTON
 Address 610 SCHILLER CT,
 MADISON, WI 53709

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:

~~_____~~ Common Wealth Dept,
1501 Williamson St,
Madison, WI 53703

Are you being paid for your representation? Yes No

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

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

(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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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 10/14/06

Signature Marianne Morton
Print Name MARIANNE MORTON

Date: 11/14/06

CITY OF MADISON
Registration Statement - Common Council
2007 CAPITAL BUDGET

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| | |
|---------------|-----------------|
| Amendment No. | <u>3 02388</u> |
| Amendment No. | <u>6 02391</u> |
| Amendment No. | <u>7 02392</u> |
| Amendment No. | <u>10</u> 02395 |
| Amendment No. | _____ |

Name Michael Goodman
 Address 2314 Sommers
Madison 53704

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

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

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.)

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Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limits: Public Hearing (Common Council) 5 minutes
 Information Hearing 3 minutes
 Other Items 3 minutes

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Print Name _____

Date: 11/14/06

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

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Please Print 02391 02395

PLEASE PRINT CLEARLY

| | |
|---------------|-----------|
| Amendment No. | <u>10</u> |
| Amendment No. | <u>6</u> |
| Amendment No. | _____ |
| Amendment No. | _____ |
| Amendment No. | _____ |

Name Wally Irvin-Witek
 Address 1321 E. Mifflin St., Suite 201
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
(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:

East Tetanus Neighborhoods Planning Council
1321 E. Mifflin St., Suite 201
Madison, WI

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

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Signature



Print Name

Date: 11-14-2006

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|---------------|-----------------|
| Amendment No. | <u>4-02389</u> |
| Amendment No. | <u>10-02395</u> |
| Amendment No. | _____ |
| Amendment No. | _____ |
| Amendment No. | _____ |

Name SCOTT B. THORNTON
 Address 1104 JENIFER ST
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
(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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| Amendment No. | <u>6 02391</u> |
| Amendment No. | <u>7 02392</u> |
| Amendment No. | <u>9 02394</u> |
| Amendment No. | <u>10 02395</u> |

Name Lori Nitrod

Address 3109 Hermine St
Madison WI 53714

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

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

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