CITY OF MADISON Registration Statement - Common Council 2007 CAPITAL BUDGET

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Please Print	deleting \$70,000 for	Ź PLEASE PRI	NT CLEARLY		
Amendment No	Of East Isthmus	Name	MARIANI	VE MOX	270N
Amendment No	17201	Address	610 SC	HILLER	2 CT/
Amendment No			MADIS	ON. WI	53704
Amendment No.	<u> </u>	·)	
Amendment No					
Please check the app	ropriate boxes:				
☐ Support		and	Wish to s	peak	
Oppose				ish to speak to answer ques	stions
Neither Su	ipport Nor Oppose		[V] Availauk	to answer ques	Stions
(If you answered "no	ou representing an organization, "STOP; you need not complete and go on to the next question	lete the rest of t			☐ No provide the name
Name, address and te	lephone number of each perso	n or organizati	on you are represe	enting:	
			Comm	un Wea	Of Dust
***************************************			1501	Willian	wan St
			Madison	NW1±	3703
Are you being paid for	or your representation?			Yes	□ No
	part of your other paid duties," STOP; you need not complete.			Yes nswered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Common C Information Hearing	3 m			

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign on answered "no" to the question, go on to the next question.)			
If you a	are bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk			
	2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(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 _	10/	Print Name MARINITE MORTON			

Date: $\frac{1}{1 + 0.6}$

CITY OF MADISON Registration Statement - Common Council 2007 CAPITAL BUDGET

You must register before the Council considers your item.

Please Print		PLEASE P	RINT CLEARLY	,	١
Amendment No Amendment No Amendment No Amendment No Amendment No	3 02388 6 62391 7 02392 4 0	Name _ Address _ ー ひみ395	Micha 23/2 Me	el Cicoli L'Somme relisen	15 53704
Support Oppose Neither Su At this meeting are you (If you answered "not of who you represent "Name, address and tell	pport Nor Opport ou representing an org ou representing an org ou need no and go on to the next	se ganization or a person of complete the rest of question)	Do n Avai other than you of this form. If y	ou answered "yes,	□ No
Are you being paid for Are you appearing as (If you answered "no, question) Speaking Limits:	part of your other pair," STOP; you need not	d duties for this perso	of this form. If y minutes		No No go on to the next

(SEE BACK)

-	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
1 2 .	vered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)			
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			

Date: 11/14/04

CITY OF MADISON Registration Statement - Common Council 2007 CAPITAL BUDGET

Please Print 62391 02395	PLEASE PRINT CLEARLY			
Amendment No.	Name Lully Irvin Mitch			
Amendment No.	Address 1321 E. Millin St. Suite 20			
Amendment No.	Madison, WI 53703			
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 (If you answered "no," STOP ; you need not composed of who you represent and go on to the next question	plete the rest of this form. If you answered "yes," provide the name			
Name, address and telephone number of each person	on or organization you are representing:			
East Tething Neighborhoods T	Planning Coursel			
	, Sutiles			
Madison W1				
Are you being paid for your representation? Yes No				
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not comp question.)	s for this person or organization? Yes No No plete the rest of this form If you answered "yes," go on to the next			
Speaking Limits: Public Hearing (Common Configuration Hearing) Other Items	3 minutes			

	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				
	ered "yes" to the question, STOP . You you answered "no" to the question, go	need not complete the rest of this form, except that you must sign on to the next question.)			
If you are be that:	ing paid for your representation, or it	f your appearance is part of other paid duties, please be advised			
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	o the City Clerk's website <u>www.city</u> the City-County Building, Madison, fo	ofmadison.com/clerk/index.html or go to the Clerk's Office at more information.)			
Date	Signature Print Nam	e July 3- belles			

Date: 11-14-2006	_
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CITY OF MADISON Registration Statement - Common Council 2007 CAPITAL BUDGET

Please Print	PLEASE PRINT CL	.EARLY
Amendment No. 402389 Amendment No. 10 - 02395 Amendment No. 402389 Amendment No. 402389 Amendment No. 402389	Name Sio	EARLY TO B. THORNOM JENIFER ST DISON, WI 53703
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose At this meeting are you representing an organizat (If you answered "no," STOP; you need not come of who you represent and go on to the next question. Name, address and telephone number of each personal statement of each personal statement.	plete the rest of this fo on)	rm. If you answered "yes," provide the name
Are you being paid for your representation? Are you appearing as part of your other paid dutie (If you answered "no," STOP; you need not comquestion.) Speaking Limits: Public Hearing (Common Information Hearing Other Items	Council) 5 minutes minutes	orm. If you answered "yes," go on to the next

•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?		
	vered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)		
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: 11 14 66

CITY OF MADISON Registration Statement - Common Council 2007 CAPITAL BUDGET

Please Print		PI FASE F	PRINT	CLEARLY
Amendment No Amendment No Amendment No Amendment No Amendment No Amendment No	3 02388 6 02391 7 02392 9 02394 10 02395	NameAddress _		Loni Nitod 3109 Hermina St Madrism U1 53714
At this meeting are y (If you answered "no of who you represent	upport Nor Oppose ou representing an organiz	cation or a person complete the rest	of this	s form. If you answered "yes," provide the name
Are you being paid for Are you appearing as (If you answered "no	or your representation?	ties for this pers	son or	☐ Yes ☐ No
question.) Speaking Limits:	Public Hearing (Commo Information Hearing Other Items	on Council)5	5 minu 3 minu	utes utes

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