Date:
-------

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: CSTY DINUR	Address: 44	06 School Rd. 53701
Phonetic pronunciation of name (if nee	eded): DEE NOOP	<u> </u>
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	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	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No.	<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 3	<ul><li>Support</li><li>□ Oppose</li><li>□ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Do not wish to speak Available to answer questions
Amendment No\S	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing a (If you answered "no," <b>STOP</b> ; you not of who you represent and go on to the	an organization or a person other than you seed not complete the rest of this form. If you	uself: Yes No you answered "yes," provide the name

Are you b	eing paid for your representation?		Yes	⊠ No
	opearing as part of your other paid duties for swered "no," STOP; you need not complete		Yes yered "yes,"	№ No ' go on to the next
	n elected official or employee who is appear enmental body?	ring solely on behalf of your offic	ce or for yo	ur municipality or   No
	swered "yes" to the question, <b>STOP.</b> You ne If you answered "no" to the question, go on		orm, except	that you must sign
If you are that:	being paid for your representation, or if yo	our appearance is part of other p	oaid duties,	please be advised
1	Before you engage in lobbying as a lob with the City Clerk	bbyist, you or your principal mus	st file an aut	horization
2	Your principal is not permitted to auth City Clerk	horize you to lobby unless you a	are registere	d with the
3.	If your principal spends or will owe m period (half year), the principal must remainder of the calendar year?			
	o to the City Clerk's website <u>www.cityofn</u> of the City-County Building, Madison, for m		go to the	Clerk's Office at
Date	Signature			
	Print Name			

Date: 1/13/07

# CITY OF MADISON Registration Statement - Common Council 2008 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: FMOHUY O	ONUSON Address: 5	714 Russet RQ#
Phonetic pronunciation of name (if nee	eded):	ladison WI 537/
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLU	MN & ONE BOX IN THIS COLUMN
Amendment No. 4-15	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No. 34-35	<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
		yourself: Yes No If you answered "yes," provide the name

Name, ad	ddress	and telephone number of each pers	son or organization you are represent	ing:
			<u> </u>	
Are you	being	paid for your representation?		Yes No
	nswei	ring as part of your other paid dutie ed "no," STOP; you need not comp	s for this person or organization?  plete the rest of this form If you ans	Yes No No wered "yes," go on to the next
		cted official or employee who is apental body?	opearing solely on behalf of your off	ice or for your municipality or Yes No
		ed "yes" to the question, <b>STOP.</b> Yo u answered "no" to the question, g	ou need not complete the rest of this j oo on to the next question )	form, except that you must sign
If you ar that:	re bei	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 with the City Clerk.	a lobbyist, you or your principal mu	ist file an authorization
2	)	Your principal is not permitted to City Clerk	authorize you to lobby unless you	are registered with the
3	<b>.</b>	· · · · · · · · · · · · · · · · · · ·	we more than \$1,000 for lobbying se must file expense statements with	
		the City Clerk's website <u>www.ci.</u> ie City-County Building, Madison, j	tyofmadison.com/clerk/index.html or for more information)	r go to the Clerk's Office at
Date		Signature	e	
		Print Na	me	

Date:	11-13-07

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.

Phonetic pronunciation of name (if n		georgetour ct.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN IHIS COLUM	AN & ONE BOX IN THIS COLUMN
Amendment No. 9-15	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	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

Name, add	ress and telephone number of each person or organization you are representing:
Are you be	ing paid for your representation?
	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 the next
	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question)
If you are that:	being 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 Room 103	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: 1 - 13 - 07

### CITY OF MADISON Registration Statement - Common Council 2008 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.

Name: David Glo Phonetic pronunciation of name (if ne	eded): /// //	DISON, WI 53717
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	) 5-114
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. 13	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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

Name,	addre	ess and telephone number of each person	or organization you are represent	ing:
Are you	ı bein	ng paid for your representation?		Yes No
Are you (If you question	answe	earing as part of your other paid duties fered "no," <b>STOP;</b> you need not comple	or this person or organization? the the rest of this form. If you ans	Yes X No wered "yes," go on to the next
		elected official or employee who is appearental body?	earing solely on behalf of your of	fice or for your municipality or  Yes No
		ered "yes" to the question, <b>STOP.</b> You a you answered "no" to the question, go o		form, except that you must sign
If you a that:	are be	eing paid for your representation, or if	your appearance is part of other	paid duties, please be advised
	1	Before you engage in lobbying as a with the City Clerk.	lobbyist, you or your principal mu	ast file an authorization
	2.	Your principal is not permitted to a City Clerk.	uthorize you to lobby unless you	are registered with the
	3.	If your principal spends or will owe period (half year), the principal muremainder of the calendar year?		
		to the City Clerk's website <u>www.cityc</u> the City-County Building, Madison, for		r go to the Clerk's Office at
Date _		Signature	Allred 1	) Home
		Print Name	DAIND	R Kalaman

Date: ((3/07)

### CITY OF MADISON Registration Statement - Common Council 2008 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: SUSAN DOA	Address:	100 Hummersley PD
Phonetic pronunciation of name (if ne	eded):	the continuers cay, as
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. 13	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
		ourself:

Name, addı	ess and telephone number of	of each person or organiza	ation you are representing	ıg:	
	· · · · · · · · · · · · · · · · · · ·				
Are you bei	ng paid for your representa	tion?		Yes	☐ No
	pearing as part of your othe wered "no," <b>STOP;</b> you ne		_	☐ Yes ered "yes,'	☐ No ' go on to the next
	elected official or employenmental body?	e who is appearing solely	y on behalf of your offic	ce or for yo	ur municipality or
	vered "yes" to the question you answered "no" to the		•	rm, except	that you must sign
If you are that:	peing paid for your represe	entation, or if your appear	arance is part of other p	aid duties,	please be advised
1	Before you engage in l with the City Clerk.	obbying as a lobbyist, yo	ou or your principal mus	t file an au	horization
2.	Your principal is not p City Clerk	permitted to authorize you	u to lobby unless you a	re registere	d with the
3.		s or will owe more than be principal must file expelar year?			
(Please go Room 103 d	to the City Clerk's webs of the City-County Building	ite <u>www.cityofmadison.c</u> . Madison, for more infor	om/clerk/index.html or mation)	go to the	Clerk's Office at
Date		Signature			
		Print Name			

Date: 11-13-0

# CITY OF MADISON Registration Statement - Common Council 2008 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	1	
Name: DIONE We	NSC Address:	5821 Russett Ra
Phonetic pronunciation of name (if nee	ded):	1821 Russett Ra Madison, 5371
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 N	Support U Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 13	Support Squad Cel Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 34	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing a (If you answered "no," <b>STOP</b> ; you no f who you represent and go on to the	eed not complete the rest of this form	yourself: Yes No If you answered "yes," provide the name

Name, addre	ss and telephone number of each person or organization you are representir	ng:	
Are you bein	g paid for your representation?	Yes	@No
Are you appe (If you answe question)	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 answ	☐ Yes vered "yes,"	No go on to the next
	elected official or employee who is appearing solely on behalf of your officemental body?	ce or for you Yes	ur municipality or
(If you answe this form. If y	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this fo you answered "no" to the question, go on to the next question)	rm, except i	hat you must sign
If you are be that:	eing paid for your representation, or if your appearance is part of other p	aid duties,	please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal mus with the City Clerk	t file an aut	horization
2.	Your principal is not permitted to authorize you to lobby unless you at City Clerk	re registere	d with the
3.	If your principal spends or will owe more than \$1,000 for lobbying serveriod (half year), the principal must file expense statements with the remainder of the calendar year?		
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or the City-County Building, Madison, for more information.)	go to the	Clerk's Office at
Date/	-13-07 Signature Diane We	ense	1

TS .	
Date:	•

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: AS DREMOCK	Address:	121/ Rutledy Hus MADISON, WI 53700
Phonetic pronunciation of name (if nee	ded): FA DEFMOK	MADISON, WI 53700
ENTER AMENDMENT NUMBER		UMN & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing a (If you answered "no," STOP; you no of who you represent and go on to the	eed not complete the rest of this form	n yourself: Yes \ \ \ No n If you answered "yes," provide the name

Name, addr	ess and telephone numb	er of each person or org	anization you are representi	ng:	
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Are you bei	ng paid for your represe	entation?		Yes No	
		<u> </u>	person or organization? rest of this form. If you answ	☐ Yes ☐ No wered "yes," go on to the	next
	elected official or empl	oyee who is appearing	solely on behalf of your off	ice or for your municipali	tý or
		tion, <b>STOP.</b> You need no the question, go on to th	ot complete the rest of this f e next question.)	orm, except that you must	sign
If you are be that:	peing paid for your rep	resentation, or if your a	ppearance is part of other	paid duties, please be ad-	vised
1	Before you engage with the City Clerk		st, you or your principal mu	st file an authorization	
2.	Your principal is noticed City Clerk	ot permitted to authoriz	e you to lobby unless you	are registered with the	
3.		the principal must file	han \$1,000 for lobbying sea expense statements with t		
		ebsite <u>www.cityofmadis</u> ing, Madison, for more	son.com/clerk/index.html or information )	go to the Clerk's Offic	e at
Date		Signature			
		Print Name			

Date:	1-	1.3 -	07	

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.

Name: Many ANGLIV Phonetic pronunciation of name (if nee	eded):	34 E Washington
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No.	<ul><li>∑ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No. 14	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 55	<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 49	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 52	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 53	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li></li></ul>
Amendment No. 27	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing	Oppose	Do not wish to speak Available to answer questio

Name, ad	dress and telephone	number of each person or organization yo	ou are representing	; <b>:</b>	
		·			
Are you b	eing paid for your re	presentation?		Yes	☐ No
	swered "no," <b>STOP</b>	our other paid duties for this person or or you need not complete the rest of this for		Yes yed "yes,"	No go on to the next
	n elected official or ernmental body?	employee who is appearing solely on bel	nalf of your office	or for you Yes	ur municipality or No
		question, <b>STOP.</b> You need not complete t " to the question, go on to the next questi		n, except i	that you must sign
If you are that:	being paid for you	representation, or if your appearance is	s part of other pai	d duties,	please be advised
1	Before you engwith the City C	gage in lobbying as a lobbyist, you or you lerk.	ur principal must f	file an aut	horization
2.	Your principal City Clerk	is not permitted to authorize you to lob	by unless you are	registered	d with the
3.	period (half ye	al spends or will owe more than \$1,000 to ear), the principal must file expense state calendar year?		.,	
(Please go Room 103	o to the City Clerk of the City-County i	's website <u>www.cityofmadison.com/cler</u> Building, Madison, for more information	<u>k/index.html</u> or go )	o to the	Clerk's Office at
Date		Signature			
	•	Print Name			

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	CITY OF MADISON	
Panietration	n Statement - Common Co	uncil

### **2008 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.

Name: VICKY SEL	1.1.	2961 UNION ST MADISON 53704
Phonetic pronunciation of name (if need	1ea):	MAD 1200 35709
ENIER AMENDMENT NUMBER	CHECK ONE BOX IN THIS CO	DLUMN & 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	
Amendment No	Support Oppose Neither Support Nor Oppose	The state of the s
Amendment No. 52+	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	production of the state of the
Amendment No. 55	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 37	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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing a	Oppose Neither Support Nor Oppose n organization or a person other t	Do not wish to speak  Available to answer questions

Name, addres	ss 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 question)	earing as part of your other paid duties for this person or organization? Yes No ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the nex
Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality of mental body?
(If you answe this form. If y	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are bei	ing 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 Room 103 of t	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 11 18 07

### CITY OF MADISON Registration Statement - Common Council 2008 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: RRIAN BENE	Address: 7	502 & MIFFUN ST
Phonetic pronunciation of name (if nee	ded): BPY ANNE BIN FE	502 E MIFFUN ST
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN 1HIS COLUM	
Amendment No. 222	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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
		ourself:

Name, add	dress and telephone number of each person or organization you are represent	ing:	
Are you be	eing paid for your representation?	Yes	□No
	opearing as part of your other paid duties for this person or organization? swered "no," STOP; you need not complete the rest of this form. If you answered "no," story; you need not complete the rest of this form. If you answered "no," story; you need not complete the rest of this form.	☐ Yes wered "yes,	No go on to the next
	n elected official or employee who is appearing solely on behalf of your off immental body?	ice or for yo	ur municipality or
	swered "yes" to the question, <b>STOP.</b> You need not complete the rest of this f If you answered "no" to the question, go on to the next question)	orm, except	that you must sign
If you are that;	being 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 mu with the City Clerk	st file an au	horization
2	Your principal is not permitted to authorize you to lobby unless you city Clerk.	are registere	d with the
3	If your principal spends or will owe more than \$1,000 for lobbying seperiod (half year), the principal must file expense statements with temainder of the calendar year?		
(Please go Room 103	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or of the City-County Building, Madison, for more information)	go to the	Clerk's Office at
Date	Signature		
	Print Name		

Date:	·	

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.

	1.15	S
honetic pronunciation of name (if n	eeded):	Madison W. 55 16 7
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	MN & ONE BOX IN THIS COLUMN
Amendment No. 22	<ul><li>∑ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

(SEE BACK)

of who you represent and go on to the next question)

Name, addres	ss and telephone number of each person or organization you are repres	•	
	Tellman UCON me / ReachOut	Telluria	· ·
	300 Femrite Dr. Midison W1.53?		
Are you bein	ng paid for your representation?	Yes	No
	earing as part of your other paid duties for this person or organization? ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you detect the rest of this form if you detect the rest of this form.		
	elected official or employee who is appearing solely on behalf of your mental body?		ur municipalitý or No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of the you answered "no" to the question, go on to the next question)	nis form, except	that you must sign
If you are be that:	eing paid for your representation, or if your appearance is part of oth	ner paid duties,	please be advised
1	Before you engage in lobbying as a lobbyist, you or your principal with the City Clerk	must file an au	thorization
2.	Your principal is not permitted to authorize you to lobby unless y City Clerk	ou are registere	d with the
3.	If your principal spends or will owe more than \$1,000 for lobbying period (half year), the principal must file expense statements wi remainder of the calendar year?	,	1 0
(Please go to Room 103 of	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.htm.</u> the City-County Building, Madison, for more information)	or go to the	Clerk's Office at
Date	Signature		
	Print Name		

Date: _	13/	07	
_			

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.

Cardinal Crescent	Address: 59	PLEASE PRINT CLEARLY Name: Erika Schneider
Na, WI 53716		Phonetic pronunciation of name (if neede
	CK ONE BOX IN THIS COLUM	ENTER AMENDMENT NUMBER
Wish to speak Do not wish to speak Available to answer questions	upport Oppose Jeither Support Nor Oppose	Amendment No. 22
Wish to speak Do not wish to speak Available to answer questions	upport Oppose Jeither Support Nor Oppose	Amendment No.
Wish to speak Do not wish to speak Available to answer questions	upport Oppose Jeither Support Nor Oppose	Amendment No
Wish to speak Do not wish to speak Available to answer questions	upport Oppose Jeither Support Nor Oppose	Amendment No.
Wish to speak Do not wish to speak Available to answer questions	upport Oppose Jeither Support Nor Oppose	Amendment No.
Wish to speak Do not wish to speak Available to answer questions	upport Oppose Jeither Support Nor Oppose	Amendment No.
Wish to speak Do not wish to speak Available to answer questions	upport Oppose Jeither Support Nor Oppose	Amendment No.
Do not wish to specific Available to answer	Oppose  Weither Support Nor Oppose  Inization or a person other than you complete the rest of this form. If	Amendment No  At this meeting are you representing an (If you answered "no," STOP; you nee of who you represent and go on to the n

Name, add	ress and telephone number of each person or organization you are representing:
Are you be	ing paid for your representation?
	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 the next
	elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or Yes No
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign f you answered "no" to the question, go on to the next question)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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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:	Marie Photography of the second	13	0	7	
	` ;	ł			

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:	Address: 201	N. Blair St #30)
Phonetic pronunciation of name (if nee	ded): Ah-5ea-ph Mu	N. Blair St #30) dison, W1 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 22	<ul><li>Support</li><li>□ Oppose</li><li>□ Neither Support Nor Oppose</li></ul>	<ul><li>∠ Wish to speak</li><li>□ Do not wish to speak</li><li>□ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
		ourself:

Name, addres	ss and telephone number of each person or organization you are representing:
	None
Are you being	g paid for your representation?
	varing as part of your other paid duties for this person or organization? Yes No wred "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next
Are you an el other governm	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
( 0 )	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 at the City-County Building, Madison, for more information)
Date //	11/07 Signature Onne (1)
	Print Name 1) ONNG T(1+1)

Date: YO'	0 <u>~3</u>	,07	
		•	

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.

honetic pronunciation of name (if ne	eded):	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No. 22	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No. 33	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No. 5	☐ 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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

Name, add	ess and telephone numb	er of each person or organiza	ation you are represent	ting:	
C	peration	welcome F	lome.		
					-
Are you be	ing paid for your represe	ntation?		Yes	⊠ No
		her paid duties for this personeed not complete the rest of		☐ Yes wered "yes,"	No go on to the next
	elected official or emplo nmental body?	yee who is appearing solely	on behalf of your off	fice or for you	r municipality or  No
(If you answ this form I	wered "yes" to the quest fyou answered "no" to t	on, <b>STOP.</b> You need not con he question, go on to the nex	mplete the rest of this ; ct question)	form, except th	nat you must sign
If you are that:	being paid for your repr	esentation, or if your appea	rance is part of other	paid duties, p	lease be advised
1	Before you engage i with the City Clerk.	n lobbying as a lobbyist, yo	u or your principal mu	ist file an auth	orization
2	Your principal is no City Clerk	t permitted to authorize you	ı to lobby unless you	are registered	with the
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 Room 103 d	to the City Clerk's we of the City-County Buildi	bsite <u>www.citvofmadison.co</u> ng, Madison, for more infort	om/clerk/index.html of nation)	go to the (	Clerk's Office at
Date MO	13,07	Signature Z	Aly Mo	(02)	
	. •	Print Name UE	sley Mor	(20)	

Date:	NOV	13

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.

Name: JALIE Name: Phonetic pronunciation of name (if	needed): WHIRL-KOTH	35 N.Hancock
ENTER AMENDMENT NUMBER		AN & ONE BOX IN THIS COLUMN
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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

(SEE BACK)

of who you represent and go on to the next question)

Name, addres	s and telephone number of each person or organization you are representing:		
Are you being	g paid for your representation?		
	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 the next		
Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)		
If you are betthat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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Date	Signature		
	Print Name		

Date: 1/13/07

# CITY OF MADISON Registration Statement - Common Council 2008 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.

Name: Erk Poolso		LED aylor #7
honetic pronunciation of name (if neo	eded):	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No. 2	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 25	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>

Name, addres	ss and telephone number of each person or organization you are representing:
Are you being	g paid for your representation?
	aring as part of your other paid duties for this person or organization? Yes No red "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the next
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	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou 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 at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: Nov. 13,07

# CITY OF MADISON Registration Statement - Common Council 2008 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: Tema Bo Star	Address:	137 E. Gorham Maduson W1 53703
Phonetic pronunciation of name (if need	ded):	Madison. W1 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COL	LUMN <u>&amp;</u> ONE BOX IN THIS COLUMN
Amendment No. 26 Provide Neighborhood	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
planning grant for.  Amendment No. James Madisor  Verghborhood plan	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing a	n organization or a person other the	an yourself: \( \text{Yes} \text{ No} \) m If you answered "yes," provide the name

(SEE BACK)

of who you represent and go on to the next question)

Name, add	ress and telephone numb	per of each person or organization you	are representing:	
Are you be	ing paid for your represe	entation?	Yes N	lo .
		other paid duties for this person or org uneed not complete the rest of this fo		
	elected official or empanmental body?	loyee who is appearing solely on beh		icipality or Io
		tion, <b>STOP.</b> You need not complete the the question, go on to the next questi		u must sign
If you are that:	being paid for your rep	resentation, or if your appearance is	part of other paid duties, please	be advised
1.	Before you engage with the City Clerk	in lobbying as a lobbyist, you or you	ır principal must file an authorizat	ion
2	Your principal is n City Clerk	ot permitted to authorize you to lobb	by unless you are registered with	the
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 Room 103	to the City Clerk's w of the City-County Build	rebsite <u>www.cityofmadison.com/clerk</u> ling, Madison, for more information)	<u>/index.html</u> or go to the Clerk's	Office at
Date		Signature		
	•	Print Name		

Date: 11/13/07

### CITY OF MADISON Registration Statement - Common Council 2008 OPERATING BUDGET

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nonetic pronunciation of name (if ne	eded):	19 Enterprise On
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	AN & ONE BOX IN THIS COLUMN
Amendment No §	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>

Name,	address	and telephone number of each person or organi	zation you are representing	g:	£
	RA	SCW			
	$\psi_{\widehat{\mathcal{S}}}$	of Forest Run Rd			
	Mp	disa, W. SINY			
Are you		paid for your representation?		Yes	□No
	answer	ring as part of your other paid duties for this pered "no," <b>STOP</b> ; you need not complete the res	~	☐ Yes ered "yes,"	No go on to the next
		cted official or employee who is appearing sole ental body?	ly on behalf of your office	e or for you	ır municipality or ☑ No
(If you o	answer n. If yo	ed "yes" to the question, <b>STOP.</b> You need not c u answered "no" to the question, go on to the n	omplete the rest of this for ext question)	m, except t	hat you must sign
If you a that:	are beir	g paid for your representation, or if your appo	earance is part of other pa	id duties,	please be advised
	1	Before you engage in lobbying as a lobbyist, y with the City Clerk.	ou or your principal must	file an aut	horization
	2.	Your principal is not permitted to authorize y City Clerk	ou to lobby unless you ar	e registered	d with the
	3	If your principal spends or will owe more than period (half year), the principal must file ex remainder of the calendar year?			_
		the City Clerk's website <u>www.cityofmadison.</u> e City-County Building, Madison, for more info		go to the	Clerk's Office at
Date _	11/6	Signature	ya Wlalke	<b>)</b>	
	<i>i</i> 1	Print Name	2/SKin		

Date:	1. :	07

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: (000 000	WFFT Address: 2	82 alpine Meadow Cir
Phonetic pronunciation of name (if nee	eded):	10901 W153575
ENTER AMENDMENT NUMBER		MN & ONE BOX IN THIS COLUMN
Amendment No. 31	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form If you answered "yes," provide the name

At this meeting are you representing an organization or a person other than yourself:

of who you represent and go on to the next question)

Name, address and telephone number of each person or organization you are representing:
Smart Growth Madison 701 east washingten are madison 663-2005
madison 663-2005
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," <b>STOP</b> ; 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?
(If you answered "yes" to the question, <b>STOP.</b> 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:
Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
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?
(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 1/17/7 Signature
Print Name (Cord 5 the ff

Date: 11-13-07

### CITY OF MADISON Registration Statement - Common Council 2008 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: Greta Hansen	Address: 17/	7 N Stoughton Rd
Phonetic pronunciation of name (if ne		/
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	AN & ONE BOX IN THIS COLUMN
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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you of who you represent and go on to the	an organization or a person other than yneed not complete the rest of this form	yourself: Yes  No If you answered "yes," provide the name

Name, address and telephone number of each person or organization you are	representing:
Community Action Coalition for	SCWINC
1717 N Stoughton Rd / Moh	n 53704
246-4730	
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid duties for this person or organiza (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If question)	
Are you an elected official or employee who is appearing solely on behalf of other governmental body?	f your office or for your municipality or Yes No
(If you answered "yes" to the question, <b>STOP.</b> You need not complete the resthis form. If you answered "no" to the question, go on to the next question.)	st of this form, except that you must sign
If you are being paid for your representation, or if your appearance is part that:	of other paid duties, please be advised
Before you engage in lobbying as a lobbyist, you or your prin with the City Clerk	ncipal must file an authorization
2 Your principal is not permitted to authorize you to lobby unl City Clerk	less you are registered with the
If your principal spends or will owe more than \$1,000 for lob period (half year), the principal must file expense statement remainder of the calendar year?	
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/inde.</u> Room 103 of the City-County Building, Madison, for more information)	x.html or go to the Clerk's Office at
Date 11-13-07 Signature Assaulta	nscr
Print Name Greta	CHansen

Date:	11		] 3	107	
		_		,	

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.

Name: Kistin Rucin	Sky Address: 23	55 University Ave
Phonetic pronunciation of name (if ne	eded):	SS University Ave Madison, but 53726
ENTER AMENDMENT NUMBER		MN & ONE BOX IN IHIS COLUMN
Amendment No. 3b	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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 46	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
		yourself: Yes No If you answered "yes," provide the name

Name, address	and telephone number	of each person or or	ganization you are representi	ng:	
/nte	faith Hospitality	Network	294-7990	8	
	121 University	Ave			
	Madison, wt 5	3715			
Are you being	paid for your represent	ation?		Yes A	JNo
Are you appear (If you answere question)	ting as part of your other of mo," <b>STOP;</b> you no	er paid duties for this seed not complete the	s person or organization? rest of this form If you answ	Yes Yes vered "yes," go	No on to the next
Are you an ele		ee who is appearing	solely on behalf of your off	ice or for your n	
	ed "yes" to the question u answered "no" to the		not complete the rest of this f he next question )	orm, except that	you must sign
If you are being that:	ng paid for your repres	entation, or if your	appearance is part of other	paid duties, plea	se be advised
1	Before you engage in with the City Clerk	lobbying as a lobby	ist, you or your principal mu	st file an authori	ization
2.	Your principal is not City Clerk	permitted to authori	ze you to lobby unless you	are registered w	ith the
3.		e principal must fil	than \$1,000 for lobbying see e expense statements with t		-
(Please go to Room 103 of th	the City Clerk's web ne City-County Building	site <u>www.cityofmad</u> 3, Madison, for more	ison.com/clerk/index.html or information)	go to the Cle	rk's Office at
Date	1/13/07	Signature	MAljin		
		Print Name	Kristin Rucinski		

Date:		

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: AMber Molitor	Address: 38	18 E. Washington Are
Phonetic pronunciation of name (if nee	eded):	18 E. Washington Areactison, WI. 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	MN & ONE BOX IN THIS COLUMN
Amendment No. 36	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	<ul><li>Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 46	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
		yourself: X Yes No If you answered "yes," provide the name

Nam		ess and telephone number of each person or organization you are representing:	
	Ir	Herfath Hospitality Network	
<del></del> .		·	
Are y	you beir	ng paid for your representation?	
	ou answ	earing as part of your other paid duties for this person or organization? Yes No rered "no," <b>STOP</b> ; you need not complete the rest of this form If you answered "yes," go on to	
		elected official or employee who is appearing solely on behalf of your office or for your munic mental body?	
		ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you r you answered "no" to the question, go on to the next question)	nust sign
If yo	u are bo	eing paid for your representation, or if your appearance is part of other paid duties, please be	advised
	1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk	n
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	e
	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.citvofmadison.com/clerk/index.html</u> or go to the Clerk's ( the City-County Building, Madison, for more information)	Office at
Date	1.1	13/07 Signature Combin Molitar	
		Print Name AMBER MOLITUR	

Date: <u>///3/07</u>

# CITY OF MADISON Registration Statement - Common Council 2008 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.

honetic pronunciation of name (if nee	eded):	adison WI 537
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 3 6	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No. 33	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 40	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 44	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 45	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 46	Support Oppose Neither Support Nor Oppose	<ul><li></li></ul>
Amendment No. 50	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

Name, addres	ss and telephone number of each person or organization you are representing:	
Madi	ss and telephone number of each person or organization you are representing:  501 - Area Urban Ministry 2300 S. Park #5 Madison 5376	
	S37/5	
Are you being	g paid for your representation?	
Are you appe (If you answe question)	earing as part of your other paid duties for this person or organization? Yes No wred "no," STOP; you need not complete the rest of this form If you answered "yes," go on to the next	
Are you an elother government	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?	
(If you answe this form. If y	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)	
If you are be that:	ing 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 Room 103 of	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)	
Date _///3		
	Print Name Linda Ketcham	

Date: 11-13 - 07

### CITY OF MADISON Registration Statement - Common Council 2008 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.

Name: Luy Gibson	Address: [16]	10 Angel Crost Way
Phonetic pronunciation of name (if ne		,
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No. 39	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 49	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 52	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No. 53	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 54	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

Name, addr	ess and telephone number of each person or organization you are represent	enting:
·		
Are you being	ng paid for your representation?	Yes No
	pearing as part of your other paid duties for this person or organization? vered "no," STOP; you need not complete the rest of this form. If you a	Yes No No nswered "yes," go on to the next
	elected official or employee who is appearing solely on behalf of your omental body?	office or for your municipality or Yes No
(If you answ this form If	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of the you answered "no" to the question, go on to the next question)	is form, except that you must sign
If you are b that:	being paid for your representation, or if your appearance is part of other	er paid duties, please be advised
1	Before you engage in lobbying as a lobbyist, you or your principal with the City Clerk.	must file an authorization
2	Your principal is not permitted to authorize you to lobby unless you city Clerk	ou are registered with the
.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 Room 103 oj	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> f the City-County Building, Madison, for more information)	or go to the Clerk's Office at
Date	Signature	
	Print Name	

Date:	11/13/07

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.

Name: George Hage	nouse Address:	5 Odana Ct Madeson W, 5371
honetic pronunciation of name (if nee	eded): Hugenhour	madisan W, 531
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No.	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

(SEE BACK)

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:
	5 odana Ct
	madesan Wi 53719
Are you being	g paid for your representation?
	earing as part of your other paid duties for this person or organization? Yes No exed "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the next
Are you an el other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	ing 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 Room 103 of t	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	13/07 Signature George They
	Drint Nama Carves Has Challend

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.

Name: Clare Gerne Phonetic pronunciation of name (if new	eded):	955 N. Azure Ct. Oregon, WI 5357
ENTER AMENDMENT NUMBER		UMN & ONE BOX IN THIS COLUMN
Amendment No. 42	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li></li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

Name, address and telephone number of each person or organization you are representing:
Project Huas
5101 Farwell St.
McFarland, WI S3558
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 need question.)
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality of other governmental body?  \[ \textstyle \text{Yes} \textstyle \text{No} \]
(If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sig 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 advise that:
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?
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of Room 103 of the City-County Building, Madison, for more information)
Date 11-13-07 Signature One Gewert
Print Name Clare Gernert

Date: 11-13-07-

### CITY OF MADISON Registration Statement - Common Council 2008 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: La Sheina Ro	Address:	17 Dera Com +
Phonetic pronunciation of name (if no	eeded):	17 Dera Court
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li></li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you of who you represent and go on to t		yourself:

Are you being paid for your representation?	☐ No
Are you appearing as part of your other paid duties for this person or organization?   [ Yes (If you answered "no," STOP; you need not complete the rest of this form If you answered "yes, question)	No on to the next
Are you an elected official or employee who is appearing solely on behalf of your office or for you other governmental body?	our municipality or No
(If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except this form If you answered "no" to the question, go on to the next question)	that you must sign
If you are being paid for your representation, or if your appearance is part of other paid duties, that:	please be advised
Before you engage in lobbying as a lobbyist, you or your principal must file an au with the City Clerk	thorization
Your principal is not permitted to authorize you to lobby unless you are registered City Clerk	ed with the
If your principal spends or will owe more than \$1,000 for lobbying services in an period (half year), the principal must file expense statements with the City Cleremainder of the calendar year?	
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Room 103 of the City-County Building, Madison, for more information)	Clerk's Office at
DateSignature	
Print Name	

Date:		
Date.	 	

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: Souch Clair	Thomas Address: 8	100/100 Meshow 1559
Phonetic pronunciation of name (if nee	ded):	radius 3304
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& 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.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing a (If you answered "no," STOP; you no	n organization or a person other than you eed not complete the rest of this form If y	uself: Yes No

(SEE BACK)

of who you represent and go on to the next question)

Name, add	ress and telephone numbe	r of each person or organization y	you are representing:	
	1,000			
Are you be	ing paid for your represer	ntation?	Yes	No
Are you ap (If you ans question)	pearing as part of your of wered "no," <b>STOP;</b> you	ntation?  there paid duties for this person or connected not complete the rest of this	organization?	No on to the next
	elected official or emplo inmental body?	yee who is appearing solely on b	ehalf of your office or for your	
		on, <b>STOP.</b> You need not complete he question, go on to the next que	e the rest of this form, except the	/ *
If you are that:	being paid for your repre	esentation, or if your appearance	is part of other paid duties, ple	ease be advised
1	Before you engage in with the City Clerk.	n lobbying as a lobbyist, you or y	our principal must file an autho	rization
2	Your principal is no City Clerk	t permitted to authorize you to lo	obby unless you are registered	with the
3		nds or will owe more than \$1,000 he principal must file expense sendar year?		
(Please go Room 103	to the City Clerk's we of the City-County Buildi	bsite <u>www.cityofmadison.com/cle</u> ng, Madison, for more informatio	<u>erk/index.html</u> or go to the Ci n)	lerk's Office at
Date	<u> </u>	Signature		
		Print Name		

Date: 13 NOU. 2007

### CITY OF MADISON Registration Statement - Common Council 2008 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: COR4 E WH.	7e Address: 27	06 BASSER LANE
Phonetic pronunciation of name (if nee		Dison, W153713
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 44	<ul><li>✓ Support</li><li>✓ Oppose</li><li>✓ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 45	<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: Yes 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)

Are you being paid for your representation?	☐ Yes 📈 No		
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form If you answe question)	Yes No No red "yes," go on to the next		
Are you an elected official or employee who is appearing solely on behalf of your office other governmental body?	e or for your-municipality or Yes No		
(If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this for this form. If you answered "no" to the question, go on to the next question)	m, except that you must sign		
If you are being paid for your representation, or if your appearance is part of other pathat:	id duties, please be advised		
Before you engage in lobbying as a lobbyist, you or your principal must with the City Clerk	file an authorization		
Your principal is not permitted to authorize you to lobby unless you are City Clerk.	e registered with the		
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 g Room 103 of the City-County Building, Madison, for more information.)	go to the Clerk's Office at		
Date 14/NOJ. 2007 Signature Life			
Print Name CoRA WHIT	<b>E</b>		

Date:	"	١	3	10	1		
				,	,		

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.

honetic pronunciation of name (if ne	eded): <u>'Oma Vic</u> McA	25 Dunning Str Aurray
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	AN & ONE BOX IN THIS COLUMN
Amendment No. 41	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No. 40	<ul><li>Ŋ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>

Name, addre	ss 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? Yes No ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the next
	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	sing 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 t Room 103 of	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 11/13/07

### CITY OF MADISON Registration Statement - Common Council

### 2008 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: State State	Address: 377	19 Tanelle Lane
Phonetic pronunciation of name (if nee	Address: $377$ ded): $50 + ee$ $66$	ttage Grove, WIS3527
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 42	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	an organization or a person other than ye eed not complete the rest of this form I	ourself: Yes  No f you answered "yes," provide the name

(SEE BACK)

of who you represent and go on to the next question)

Name, address	and telephone number of each person or organization you are representing:  Fraject 406'S, The  101 Farwell St.
n	Ve Farland, WI 53558
Are you being p	paid for your representation? Yes No
	ing as part of your other paid duties for this person or organization? Yes No d "no," <b>STOP</b> ; you need not complete the rest of this form If you answered "yes," go on to the next
Are you an electorher governme	eted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	d "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question)
If you are being that:	g paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
	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 at e City-County Building, Madison, for more information.
Date <u>il / 13</u>	Signature Statey Mc Stotty  Not sure I  Not sure I  Need to sign

Date: 11-13-07

### CITY OF MADISON Registration Statement - Common Council 2008 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: Moly Nic	Address:	2400 Manners
Phonetic pronunciation of name (if nee	oded):V	ELSES, PLICHEN
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLU	UMN & ONE BOX IN THIS COLUMN
Amendment No. 44	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," STOP; you not have to the state of t	need not complete the rest of this form	n yourself: Yes No n If you answered "yes," provide the name

Name, add	dress and telephone number of each person or organization you are representing	; <b>:</b>	* ·
Are you be	eing paid for your representation?	Yes	□No
	ppearing as part of your other paid duties for this person or organization? swered "no," STOP; you need not complete the rest of this form. If you answer	Yes red "yes,"	☐ No ' go on to the next
	n elected official or employee who is appearing solely on behalf of your office ernmental body?	or for you	ur municipality or   No
(If you answ this form. I	swered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form If you answered "no" to the question, go on to the next question)	n, except ı	that you must sign
If you are that:	being paid for your representation, or if your appearance is part of other pai	d duties,	please be advised
1	Before you engage in lobbying as a lobbyist, you or your principal must with the City Clerk.	file an aut	horization
2.	Your principal is not permitted to authorize you to lobby unless you are City Clerk	registere	d with the
3.	If your principal spends or will owe more than \$1,000 for lobbying service period (half year), the principal must file expense statements with the remainder of the calendar year?		
(Please go Room 103 d	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or g of the City-County Building, Madison, for more information)	o to the	Clerk's Office at
Date	Signature		
	Print Name		······································

Date:	t t	13	107
		, ——,	

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.

Name: Heid; Weglei	Address:	941 E. Dayton St
Phonetic pronunciation of name (if nec	eded):	941 E. Dayton St. Nadrson, W 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLU	IMN & ONE BOX IN THIS COLUMN
Amendment No. 46	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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 22	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 27	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. 36	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you not who you represent and go on to the		yourself: Yes No If you answered "yes," provide the name

Name, addres	ss and telephone number of each pers	son or organization you are represent	ting:
		· · · · · · · · · · · · · · · · · · ·	
Are you being	g paid for your representation?		Yes No
	aring as part of your other paid dutienved "no," STOP; you need not comp		Yes No Swered "yes," go on to the next
Are you an elother governr	lected official or employee who is apmental body?	ppearing solely on behalf of your of	fice or for your municipality or Yes No
, ,	red "yes" to the question, <b>STOP.</b> Yo ou answered "no" to the question, g	4 ,	form, except that you must sign
If you are be that:	ing paid for your representation, or	if your appearance is part of other	paid duties, please be advised
1.	Before you engage in lobbying as with the City Clerk	a lobbyist, you or your principal mu	ust file an authorization
2.	Your principal is not permitted to City Clerk.	authorize you to lobby unless you	are registered with the
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.ci</u> the City-County Building, Madison,		or go to the Clerk's Office at
Date	Signatur	e	
	Print Na	me	

Date: 1//3/07

### CITY OF MADISON Registration Statement - Common Council 2008 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.

honetic pronunciation of name (if ne	eded):	1/ADISON 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No. 46	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

Name, address and telephone number of each person or organization you are representing:
DOMESTIC ABUSE INTERVENTION
P.O. Box 1761
251-1237
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 nex question)
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality of other governmental body?
(If you answered "yes" to the question, <b>STOP.</b> 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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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?
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office a Room 103 of the City-County Building, Madison, for more information.)
Date 11/13/37 Signature Frank Dany
Print Name SHANINON PAPRE

Date: 11/13/01

### CITY OF MADISON Registration Statement - Common Council

### **2008 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.

Name:	PLEASE PRINT CLEARLY				
Amendment No.    Support   Wish to speak   Do not wish to speak   Do	Name: Lisa Subpl	Address:	8 S. Common 44		
Amendment No.    Support   Wish to speak   Do not wish to speak   Available to answer questions					
Amendment No.    Oppose	ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN		
Amendment No.    Do not wish to speak	Amendment No.	Oppose	Do not wish to speak		
Amendment No. Oppose Do not wish to speak  Amendment No. Support Nor Oppose Wish to speak  Amendment No. Oppose Do not wish to speak  Oppose Do not wish to speak  Neither Support Nor Oppose Available to answer questions  Support Wish to speak  Available to answer questions  Support Wish to speak  Oppose Do not wish to speak  Neither Support Nor Oppose Do not wish to speak  Neither Support Nor Oppose Available to answer questions	Amendment No.	Oppose	Do not wish to speak		
Amendment No. Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions  Support Wish to speak Oppose Do not wish to speak Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions	Amendment No. 57	Oppose	Do not wish to speak		
Amendment No. Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions	Amendment No. 33	Oppose	Do not wish to speak		
	Amendment No.	Oppose	Do not wish to speak		
Amendment No. Support Wish to speak Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions	Amendment No.	<del>_</del> 11	-		
Amendment No. Support Support Support Do not wish to speak Do not wish to speak Available to answer questions	Amendment No.	Oppose	Do not wish to speak		

At this meeting are you representing an organization or a person other than yourself: Yes Wellow (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:
4112	CA-101E. MATTIN
DW:	SOUSIN YOUTVA FAVERY COVIEW BILL
Are you bein	g paid for your representation?
	earing as part of your other paid duties for this person or organization? Yes No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the next of the next
Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	ing 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?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

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: Lety Anderso	Address:	288.0 lh Au
Phonetic pronunciation of name (if need		Men 53713
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	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
At this meeting are you representing a (If you answered "no," <b>STOP</b> ; you no	nn organization or a person other than y eed not complete the rest of this form 1	ourself: Yes No f you answered "yes," provide the name

(SEE BACK)

of who you represent and go on to the next question)

Name, addre	ess and telephone numbe	er of each person or o	rganization you are represent	ing:
-	Rape Crisis	Contr		
	123 8011	, Ave		
	ms 5	3713		
Are you bein	ng paid for your represer	ntation?		Yes No
			is person or organization? e rest of this form. If you ans	Yes No No wered "yes," go on to the next
	elected official or emplo nmental body?	yee who is appearing	g solely on behalf of your off	ice or for your municipality or Yes No
	vered "yes" to the questi you answered "no" to the			form, except that you must sign
If you are b that:	peing paid for your repre	esentation, or if your	appearance is part of other	paid duties, please be advised
1.	Before you engage in with the City Clerk.	a lobbying as a lobby	vist, you or your principal mu	ast file an authorization
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 we f the City-County Buildin			go to the Clerk's Office at
Date	11/13/07	Signature _	10Re	
		Print Name	Kelly An	desor

Date: 1/13/07

# CITY OF MADISON Registration Statement - Common Council 2008 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:	TCL Address: 30	og ashford An
Phonetic pronunciation of name (if need	ded):	V
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No. 49	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. 52	Support Depose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	n organization or a person other than you red not complete the rest of this form. If your next question.)	

Name, addre	ss and telephone number o	of each person of	or organization you are repres	enting:	
Ia	m The C.	have 1	2 Sompe	<u> </u>	
			<b>C</b>		
Are you bein	g paid for your represental	tion?		Yes	DNo
			this person or organization? the rest of this form. If you		go on to the next
Are you an e		e who is appear	ring solely on behalf of your	office or for yo	our municipality or [[VNo
(If you answe this form. If y	ered "yes" to the question, you answered "no" to the c	<b>STOP.</b> You ne question, go on	ed not complete the rest of the to the next question)	ais form, except	that you must sign
If you are be that:	ing paid for your represen	ntation, or if yo	our appearance is part of otl	ner paid duties,	please be advised
1	Before you engage in lowith the City Clerk	obbying as a lol	bbyist, you or your principal	must file an au	thorization
2.	Your principal is not po	ermitted to autl	norize you to lobby unless y	ou are registere	ed with the
3		principal must	ore than \$1,000 for lobbying file expense statements wi		
(Please go t Room 103 of	o the City Clerk's websi the City-County Building,	ite <u>www.cityofn</u> Madison, for m	nadison.com/clerk/index.htm iore infgrmation.)	l or go to the	Clerk's Office at
Date	1/13/07	Signature	WHO !	armenia mananana manana ma	The state of the s
		Print Name	Sport ( as	Ter .	

Date:		

### CITY OF MADISON **Registration Statement - Common Council**

### **2008 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: Aaron Blacks  Phonetic pronunciation of name (if need		Williamson St.
r nonetic pronunctation of name (if neet		
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. 49	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No. 52	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 53	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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

	ess and telephone number of each person or organization you are representing:
205	+ Isthmus Neighborhood Planning Council
Are you bein	ng 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 the next
	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answ this form. If	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go Room 103 of	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date <u>//-</u>	13-07 Signature Jarn Blacks
	Print Name Aaron Blacks

Date: 13 NV 7

# CITY OF MADISON Registration Statement - Common Council 2008 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: PAUL INGE	7 Muni Address: 03	13 ALLIED DD
Phonetic pronunciation of name (if nee	2-1/7+1// eded): H 3	22 ALLIED DR. 4D 53711
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 50	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
	an organization or a person other than you need not complete the rest of this form. If	

Name, ad	dress and telephone number of each person or organization you are representing:
Are you b	eing paid for your representation?
	opearing 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 the next
	n elected official or employee who is appearing solely on behalf of your office or for your municipality or ernmental body?
	swered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question)
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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 at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 1/3-07

## CITY OF MADISON Registration Statement - Common Council 2008 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: WILLIAMENP	Theys Address:	1314 ALL: CA DR2	
Phonetic pronunciation of name (if nee	eded):	1314 ALL: ed DRS 12300 W153711	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	AN & ONE BOX IN THIS COLUMN	
Amendment No50	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No. 39	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>	
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>	
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>	
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>	
At this meeting are you representing an organization or a person other than yourself: Yes \[ \] No (If you answered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," provide the name			

(SEE BACK)

of who you represent and go on to the next question.)

Name, addı	ess and telephone number of each person or organization you are representing:
Are you bei	ng paid for your representation?
	earing as part of your other paid duties for this person or organization? Yes No vered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the nex
	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you ansv this form. If	ered "yes" to the question, <b>STOP.</b> 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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(Please go Room 103 o	to the City Clerk's website <u>www.citvofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 11-13-2007

# CITY OF MADISON Registration Statement - Common Council 2008 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.

Name: Olice Wowald	Address: 21	06 Red ARROW Texil
Phonetic pronunciation of name (if nee		
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 50	Support Oppose Neither Support Nor Oppose	Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. 3e	Support Oppose Neither Support Nor Oppose	<ul><li>₩ish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li></li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>

(SEE BACK)

of who you represent and go on to the next question)

Name, addre	ss and telephone numb	er of each person o	or organization you	ı are representi	ng:	
Alice	Howard					
mice	M) war		·			`
Are you bein	ng paid for your represe	ntation?			Yes	No No
	earing as part of your or ered "no," <b>STOP;</b> you				Yes wered "yes,"	No go on to the next
	elected official or emplomental body?	oyee who is appea	ring solely on beh	alf of your offi	ice or for yo	ur municipality or No
	ered "yes" to the quest you answered "no" to t				orm, except	that you must sign
If you are be that:	eing paid for your repr	esentation, or if y	our appearance is	part of other	paid duties,	please be advised
1	Before you engage i with the City Clerk.	n lobbying as a lo	bbyist, you or you	ır principal mu	st file an au	thorization
2.	Your principal is no City Clerk.	t permitted to aut	horize you to lobb	oy unless you	are registere	d with the
3	If your principal spe period (half year), remainder of the cale	he principal must				
	to the City Clerk's we the City-County Buildi				go to the	Clerk's Office at
Date	13-2007	Signature	alice	Howa	rel	
	•	Print Name	alice	HOWA	ied.	

Date: 11-13-2007

# CITY OF MADISON Registration Statement - Common Council 2008 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.

Name: GREER FELCIA Phonetic pronunciation of name (if ne		61 Atticus way 10
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	MN & ONE BOX IN THIS COLUMN
Amendment No. 50	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 39	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
		ourself: \(\sum \)Yes \(\sum \)No \(\frac{1}{2}\)You answered "yes," provide the name

	ss and telephone number of each person or organization you are representing:
70 ICIA	GREER 4601 Atticus way \$10
40	9-467-6456
Are you being	g paid for your representation?
	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 the next
Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou 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 at the City-County Building, Madison, for more information.)
Date <u>]   -   2</u>	
	Print Name FeliCIA GREER

Date:	
-------	--

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.

honetic pronunciation of name (if ne	eded):	26 torden Au
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. 39	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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

Name, addre	ss and telephone number of each person or organization you are represent	ing:	
Are you bein	g paid for your representation?	Yes	□No
	earing as part of your other paid duties for this person or organization? ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "no,"	Yes Yes, 'wered "yes, '	☐ No ' go on to the next
	elected official or employee who is appearing solely on behalf of your offi mental body?	ice or for yo	ur municipality or
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this favou answered "no" to the question, go on to the next question)	orm, except	that you must sign
If you are be that:	eing paid for your representation, or if your appearance is part of other	paid duties,	please be advised
1	Before you engage in lobbying as a lobbyist, you or your principal mu with the City Clerk	st file an aut	horization
2	Your principal is not permitted to authorize you to lobby unless you a City Clerk	are registere	d with the
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?		1 0
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or the City-County Building, Madison, for more information)	go to the	Clerk's Office at
Date	Signature		
	Print Name		

Date:		

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		4- 1
Name: Mary Thomas	Address: 162	+7 Capital are 4
Phonetic pronunciation of name (if nee	eded):	17 Capital are 4 Joseph W I 53705
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Oppose	Do not wish to speak

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form If you answered "yes," provide the name

At this meeting are you representing an organization or a person other than yourself:

of who you represent and go on to the next question.)

Name, addres	ress and telephone number of each person or organization you are representing:	
	<del></del>	
Are you being	ing paid for your representation?	Yes No
	pearing as part of your other paid duties for this person or organization? wered "no," STOP; you need not complete the rest of this form. If you answered	Yes No No wes," go on to the next
	elected official or employee who is appearing solely on behalf of your office or immental body?	for your municipality or Yes No
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, e If you answered "no" to the question, go on to the next question.)	except that you must sign
If you are be that:	being paid for your representation, or if your appearance is part of other paid of	luties, please be advised
1	Before you engage in lobbying as a lobbyist, you or your principal must file with the City Clerk	an authorization
2.	Your principal is not permitted to authorize you to lobby unless you are re City Clerk.	gistered with the
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 City-County Building, Madison, for more information)	o the Clerk's Office at
Date	Signature	
	Print Name	

Date:	
Laco.	

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.

Phonetic pronunciation of name (if ne	eded):	PLANN UT 5014
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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

Name, ade	liess and telephone number of each person or organization you are representing:	
· · · · · · · · · · · · · · · · · · ·		
Are you b	eing paid for your representation?	
	opearing as part of your other paid duties for this person or organization? Yes No wered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the next	
-	n elected official or employee who is appearing solely on behalf of your office or for your municipality or rnmental body?	
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question)	
If you are that:	being 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 Room 103	o 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	

	13	
Date:	11/09/10	>
Date.		

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: Stellen	Schooler Address: 30	6 M. Brooles St.
Phonetic pronunciation of name (	if needed):	
ENTER AMENDMENT NUMBE	ER CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No 5	<ul><li>✓ Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you represen	ating an organization or a person other than y	ourself: \( \sum \) Yes \( \sum \) No If you answered "yes," provide the name

(SEE BACK)

of who you represent and go on to the next question)

Name, address and telephone number of each person or organization you are representing:	
Porchlight, Inc	
Porchlight, Inc 306 N. Blooks	
Are you being paid for your representation?	✓ Yes
Are you appearing as part of your other paid duties for this person or organization? [(If you answered "no," STOP; you need not complete the rest of this form If you answered question.)	Yes No No No ed "yes," go on to the next
Are you an elected official or employee who is appearing solely on behalf of your office other governmental body?	or for your municipality or Yes No
(If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form this form. If you answered "no" to the question, go on to the next question.)	, except that you must sign
If you are being paid for your representation, or if your appearance is part of other paid that:	d duties, please be advised
Before you engage in lobbying as a lobbyist, you or your principal must fi with the City Clerk	le an authorization
Your principal is not permitted to authorize you to lobby unless you are a City Clerk	registered with the
If your principal spends or will owe more than \$1,000 for lobbying service period (half year), the principal must file expense statements with the remainder of the calendar year?	, , <u> </u>
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go Room 103 of the City-County Building, Madison, for more information.)	to the Clerk's Office at
Date 11/12/07 Signature	
Print Name Steven ). Schooler	

Date:	H	/13	107	
		- 1		

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	Address: +-	
Phonetic propunciation of name (if nee	eded): "Shack-ler" Man	7 Hooker Fore
Phonetic pronunctation of name (if nee	idea). Shack Tel //a	1,8 au, WI 33+04
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 52	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 49	<ul><li>☐ Support</li><li>☒ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 53	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li></li></ul>
Amendment No. 45	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No 37	Support Oppose Neither Support Nor Oppose	<ul><li></li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you no f who you represent and go on to the	an organization or a person other than you eed not complete the rest of this form. If e next question.)	ourself: X Yes No fyou answered "yes," provide the name

Name, addre	ss and telephone number of	f each person or	organization you	are representin	ıg:	
Docons	she Planutia	Counci				
Are you bein	g paid for your representati	ion?			Yes	∑ No
	earing as part of your other ered "no," <b>STOP;</b> you need				Yes ered "yes,"	2
	elected official or employee mental body?	who is appear	ing solely on beha	lf of your offic	e or for you Yes	
	ered "yes" to the question, you answered "no" to the q				rm, except ti	hat you must sign
If you are be that:	eing paid for your represen	itation, or if yo	our appearance is p	part of other p	aid duties, p	please be advised
1.	Before you engage in lol with the City Clerk	bbying as a lob	byist, you or your	principal mus	t file an autl	norization
2.	Your principal is not pe City Clerk	rmitted to auth	orize you to lobby	y unless you ar	re registered	l with the
3.	If your principal spends period (half year), the premainder of the calendar	principal must		, .		-
	o the City Clerk's websit the City-County Building, I			index.html or	go to the (	Clerk's Office at
Date	113/07	Signature	1 11.11	L	111	/
	1 + 2/	Print Name	Test	F 5	hablor	

	1)-	13-0	27	
Date:				

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: WALLACE CLE	LAND Address: 151	8 PLEASURE DRIVE
Phonetic pronunciation of name (if nee	ded):	HDISON 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 52	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 53	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 49	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 27	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 45	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
At this meeting are you representing a (If you answered "no," <b>STOP</b> ; you not of who you represent and go on to the		ourself: XYes No fyou answered "yes," provide the name

					organization you are	representin	g:		
Λ	VORT	451DE	PLAI	UNING CO	UNCIL				
			*.						
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Are you	ı being	paid for your	representa	ation?			Yes	X No	
	answer	-	-		is person or organizate rest of this form. If		Yes Yes,'		next
		ected official ental body?	or employe	ee who is appearin	g solely on behalf of	your offic	e or for you	ır municipali No	ty or
(If you o this for	answer m. If yo	ed "yes" to ti ou answered "	he questior 'no" to the	n, <b>STOP.</b> You need question, go on to	not complete the res the next question)	t of this for	m, except i	hat you must	sign
If you a that:	are bei	ng paid for y	our represe	entation, or if you	r appearance is part	of other pa	id duties,	please be adv	ised
	1	Before you owith the City		obbying as a lobb	yist, you or your prin	ncipal must	file an aut	horization	
	2.	Your princip City Clerk	oal is not p	permitted to author	tize you to lobby unl	less you ar	e registere	d with the	
	3.		year), the	principal must f	e than \$1,000 for lobile expense statemen	,, -			
				ite <u>www.cityofma</u> , Madison, for moi	dison.com/clerk/inde e information)	x.html or	go to the	Clerk's Offic	e at
Date				Signature _	W. 40	1/ DU	Soul		
				Print Name	WAHACE	CLE	LAND	)	_ <del></del> .
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Date:	H=13.	« O 7	
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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.

nonetic pronunciation of name (if ne	eded):	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 52	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 27	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 45	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 49	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 53	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>

Name, add	lress and telephone number of	of each person or or	ganization you are represent	ing:
	·			
Are you be	eing paid for your representa	tion?		Yes No
	opearing as part of your other swered "no," STOP; you need			☐ Yes ☐ No wered "yes," go on to the next
Are you ar other gove	n elected official or employe rnmental body?	e who is appearing	solely on behalf of your offi	ice or for your municipality or Yes No
(If you ans	wered "yes" to the question, If you answered "no" to the	, <b>STOP.</b> You need to question, go on to t	not complete the rest of this f he next question)	form, except that you must sign
If you are that:	being paid for your represe	entation, or if your	appearance is part of other	paid duties, please be advised
1	Before you engage in lowith the City Clerk	obbying as a lobby	ist, you or your principal mu	st file an authorization
2.	Your principal is not p City Clerk.	ermitted to authori	ze you to lobby unless you a	are registered with the
3.		principal must file	than \$1,000 for lobbying ser e expense statements with t	
(Please go Room 103	o to the City Clerk's websi of the City-County Building,	ite <u>www.cityofmadi</u> Madison, for more	ison.com/clerk/index.html or information)	go to the Clerk's Office at
Date	1-13-07	Signature	Bro Ja	los
		Print Name	Benito TO	livas

Date:	1	1	•	Ì	3	v	07	

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.

Name: MICHAELS Sh		206 Calypso Rd
honetic pronunciation of name (if need	ded):	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 52	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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 53	Support Oppose Neither Support Nor Oppose	<ul><li> Wish to speak</li><li> ∑ Do not wish to speak</li><li> Available to answer questions</li></ul>
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Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

(SEE BACK)

of who you represent and go on to the next question)

Name, addr	ess and telephone number	of each person of	or organization you are represe	nting:	
. <del> </del>		· · · · · · · · · · · · · · · · · · ·	·	<u> </u>	
Are you bei	ng paid for your represent	ation?		Yes	No
			this person or organization?  the rest of this form. If you ar	Yes Yes, '	
	elected official or employ nmental body?	ee who is appear	ring solely on behalf of your o	office or for you	ur municipality or
	vered "yes" to the question you answered "no" to the		eed not complete the rest of thi to the next question)	s form, except	that you must sign
If you are be that:	eing paid for your repres	entation, or if yo	our appearance is part of other	er paid duties,	please be advised
1	Before you engage in with the City Clerk	lobbying as a lol	bbyist, you or your principal n	nust file an aut	horization
2.	Your principal is not point City Clerk	permitted to autl	horize you to lobby unless yo	u are registere	d with the
3	7 7 2	principal must	nore than \$1,000 for lobbying title expense statements with		<u> </u>
(Please go Room 103 o	to the City Clerk's webs f the City-County Building	ite <u>www.cityofn</u> , Madison, for n	madison.com/clerk/index.html nore information!)	or go to the	Clerk's Office at
Date	13-01	Signature	Michael Shi	- COTOTA	The world for the second
		Print Name	- HILLIAM ONIT	17143	

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: Helen MARKS	DICKS Address: /	176olf Viewka	
Phonetic pronunciation of name (if nee		<u> </u>	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN	
Amendment No. 52	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No. 53	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No. 49	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No. 27	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>	
Amendment No45	<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>	
At this meeting are you representing an organization or a person other than yourself:  (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.)  (SEE BACK) MITHULE HUMANN  11/13/2007-Registration Form OPER Bud 2008 doc			

Name, address and telephone number NATALLE Pla	er of each person	or organizati	on you are represen	ting:	
	J				
Are you being paid for your represen	ntation?			Yes	No
Are you appearing as part of your ot (If you answered "no," STOP; you question)				☐ Yes swered "yes,'	No go on to the next
Are you an elected official or emploother governmental body?	yee who is appear	aring solely o	on behalf of your of	fice or for you  Yes	ur municipality or No
(If you answered "yes" to the questi this form. If you answered "no" to the				form, except i	hat you must sign
If you are being paid for your reprethat:	esentation, or if	your appeara	nce is part of other	paid duties,	please be advised
Before you engage in with the City Clerk	n lobbying as a lo	obbyist, you	or your principal m	ust file an aut	horization
2 Your principal is no City Clerk	t permitted to au	thorize you t	o lobby unless you	are registered	d with the
If your principal sper period (half year), t remainder of the cale	he principal mus				
(Please go to the City Clerk's we Room 103 of the City-County Buildin	bsite <u>www.cityoj</u> ng, Madison, for	fmadison.con more inform	n/clerk/index.html oution)	or go to the	Clerk's Office at
Date //-/3-07	Signature	Veli	Mulsa	lul	
	Print Name	Helen	~ MARKS	Dicks	 >

Date: 11/13/07

## CITY OF MADISON Registration Statement - Common Council 2008 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.

Name: Sherri Beste	Address: 924	Ridgewood Way			
Phonetic pronunciation of name (if needed):					
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN			
Amendment No53	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No. 39	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions			
Amendment No. 54	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions			
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>			
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>			
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			

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, addr	ress and telephone number of each person or organization	you are representing:	
Are you bei	ing paid for your representation?	Yes No	
	pearing as part of your other paid duties for this person of wered "no," STOP; you need not complete the rest of the		
•	elected official or employee who is appearing solely on nmental body?	behalf of your office or for your municipality or  Yes No	
	wered "yes" to the question, <b>STOP.</b> You need not complety you answered "no" to the question, go on to the next qu		
If you are b that:	being paid for your representation, or if your appearance	e is part of other paid duties, please be advised	
1.	Before you engage in lobbying as a lobbyist, you or with the City Clerk.	your principal must file an authorization	
2	Your principal is not permitted to authorize you to City Clerk.	lobby unless you are registered with the	
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/c</u> of the City-County Building, Madison, for more informati		
Date	Signature		
	Print Name		

Date:	11/13/07	
_		

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.

honetic pronunciation of name (if ne	eded):	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	AN & ONE BOX IN THIS COLUMN
Amendment No. 5 4	Support Oppose Neither Support Nor Oppose	Wish to speak  Do not wish to speak  Available to answer questions
Amendment No. 39	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 53	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li></li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

Name, add	ress and telephone numb	er of each person or organization you	are representing:
		·	
Are you be	ing paid for your represe	ntation?	Yes No
		ther paid duties for this person or org need not complete the rest of this fo	ganization? Yes No No wrm. If you answered "yes," go on to the next
.,	n elected official or emplornmental body?	oyee who is appearing solely on beh	alf of your office or for your municipality or  Yes No
		ion, <b>STOP.</b> You need not complete the question, go on to the next questi	he rest of this form, except that you must sign on)
If you are that:	being paid for your repr	esentation, or if your appearance is	part of other paid duties, please be advised
1	Before you engage i with the City Clerk.	n lobbying as a lobbyist, you or you	or principal must file an authorization
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 Room 103	to the City Clerk's we of the City-County Buildi	ebsite <u>www.cityofmadison.com/cleri</u> ng, Madison, for more information.	k/index.html or go to the Clerk's Office at
Date		Signature	
		Print Name	

Date: // / / 07

### CITY OF MADISON Registration Statement - Common Council 2008 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 + aulo Address: /125 AZRITA C Name: Phonetic pronunciation of name (if neede ENTER AMENDMENT NUMBER CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN Support | Wish to speak Amendment No. 54 Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions Support Wish to speak Amendment No. Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions Support Wish to speak Amendment No. Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions Support Wish to speak Amendment No. Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions Support Wish to speak Amendment No. Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions Support Wish to speak Do not wish to speak Amendment No. Oppose Neither Support Nor Oppose Available to answer questions Support Wish to speak Amendment No. Oppose Do not wish to speak Neither Support Nor Oppose 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, addr	Idress and telephone number of each person or organization ye	ou are representing:	
Are you bei	being paid for your representation?	Yes No	
	appearing as part of your other paid duties for this person or oneswered "no," <b>STOP</b> ; you need not complete the rest of this j		
	an elected official or employee who is appearing solely on be vernmental body?	half of your office or for your municipality or Yes No	
	nswered "yes" to the question, <b>STOP.</b> You need not complete. If you answered "no" to the question, go on to the next quest		
If you are t	e being 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 yo with the City Clerk.	our principal must file an authorization	
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?		
	go to the City Clerk's website <u>www.cityofmadison.com/cler</u> 3 of the City-County Building, Madison, for more information		
Date	Signature		
	Print Name		

Diata.		1.		
Date:	1			

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.

honetic pronunciation of name (if ne	eded): Ho-wren-	14 Stemp Terrai
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	AN & ONE BOX IN THIS COLUMN
Amendment No. 34	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. <u>35</u>	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No/3	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No. 14	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>

Name, addre	ss and telephone number of each person or orga	nnization you are representi	ng:
		÷	
Are you bein	g paid for your representation?		Yes No
	earing as part of your other paid duties for this pered "no," <b>STOP</b> ; you need not complete the r	_	Yes No No vered "yes," go on to the next
	elected official or employee who is appearing somental body?	olely on behalf of your offi	ce or for your municipality or Yes No
	ered "yes" to the question, <b>STOP.</b> You need no you answered "no" to the question, go on to the		orm, except that you must sign
If you are be that:	eing paid for your representation, or if your ap	ppearance is part of other p	paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist with the City Clerk	, you or your principal mus	st file an authorization
2	Your principal is not permitted to authorize City Clerk	you to lobby unless you a	are registered with the
3.	If your principal spends or will owe more the period (half year), the principal must file remainder of the calendar year?		
(Please go t Room 103 of	o the City Clerk's website <u>www.cityofmadiso</u> the City-County Building, Madison, for more in	on.com/clerk/index.html or nformation)	go to the Clerk's Office at
Date	Signature		
	Print Name	********	

Date: 11-13-07

## CITY OF MADISON Registration Statement - Common Council 2008 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.

Name: Shelia Shida	∫ Address: ∭ ∭	aunona Woods C+#2 dison mi 53713
Phonetic pronunciation of name (if nee	eded):	dism m153713
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	· · · · · · · · · · · · · · · · · · ·
Amendment No. 53	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing a (If you answered "no," <b>STOP</b> ; you no f who you represent and go on to the	an organization or a person other than yo eed not complete the rest of this form. If a next question)	ourself: Yes XNo you answered "yes," provide the name

Name, addres	ss and telephone number of each person or organization you are repr	resenting:	
	·		
Are you being	g paid for your representation?	Yes	ĭXNo
	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		No go on to the next
	lected official or employee who is appearing solely on behalf of yomental body?	our office or for yo	ur municipality or X No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of you answered "no" to the question, go on to the next question)	f this form, except	that you must sign
If you are be that:	sing 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 princip with the City Clerk	oal must file an au	horization
2.	Your principal is not permitted to authorize you to lobby unless City Clerk	s you are registere	d with the
3.	If your principal spends or will owe more than \$1,000 for lobby period (half year), the principal must file expense statements remainder of the calendar year?		
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.h</u> the City-County Building, Madison, for more information)	tml or go to the	Clerk's Office at
Date	3/07 Signature Julia Phi	bhs	
,	Print Name WIA Stubb	ک(	

Date: 11/13/07

## CITY OF MADISON Registration Statement - Common Council 2008 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.

Phonetic pronunciation of name (if		•
Amendment No. 5352.	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 3	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 11 4 12	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 2	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 37,35	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No55_4	Support Oppose Neither Support Nor Oppose	<ul><li></li></ul>
Amendment No. 4044	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

Name, add	ress and telephone number of each person or organization you are representing:
(	EINPC 1321 E. Mifflin 8+ 201
Are you be	ing paid for your representation?
(If you and question)	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 the next
Are you are other gove	elected official or employee who is appearing solely on behalf of your office or your municipality or immental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question)
If you are that:	being 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?
	o 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	
	Print Name Canla Hathaway

Date:	11/13	107
-		

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: Dace Zeps	Address:	3013 Worthington Ave
Phonetic pronunciation of name (if nee	ded): Dotsa	3013 Worthington Ave Madison, WI 53714
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS CO	OLUMN & ONE BOX IN THIS COLUMN
Amendment No. 55 +54	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 50, 45, 44,30	Support Oppose Neither Support Nor Oppose	
Amendment No. 48, 39, 37	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 35, 34, 27, 26	✓ Support  ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li></li></ul>
Amendment No.53, 52, 49	<ul><li>Support</li><li>✓ Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 25	Support Oppose Neither Support Nor Oppose	<ul><li></li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	in organization or a person other the	

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

Date:		
Date.	 	<u> </u>

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: SLARIJ F		66 E. Winnequal Rd
Phonetic pronunciation of name (if nee	eded):	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	MN & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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: Cultural
Conter	were support of Rowlow Proschool Pride
Project	to provide consultation, towers, obsunting
in dr	ene morrow blookholder are hover deferred
Are you bein	g paid for your representation? Yes No
	earing 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 the next
Are you an e other governi	lected 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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	ing 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?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: Mov. 13,2007

Yes

## CITY OF MADISON Registration Statement - Common Council 2008 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: Dawn Gullich	Address: 30	Heritage Cir. #14
Phonetic pronunciation of name (if r	Address: 30 needed): Ma	dison, WI 53711
ENTER AMENDMENT NUMBER		
Amendment No. 50	<ul><li>✓ Support</li><li>✓ Oppose</li><li>✓ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No. 29	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☒ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li></li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name

At this meeting are you representing an organization or a person other than yourself:

of who you represent and go on to the next question)

Name, address and telephone number of each person or organization you are re-	epresenting:
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid duties for this person or organiza (If you answered "no," STOP; you need not complete the rest of this form. If question)	tion? Yes No You answered "yes," go on to the next
Are you an elected official or employee who is appearing solely on behalf of other governmental body?	your office or for your municipality or  Yes No
(If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest this form. If you answered "no" to the question, go on to the next question.)	st of this form, except that you must sign
If you are being paid for your representation, or if your appearance is part that:	of other paid duties, please be advised
Before you engage in lobbying as a lobbyist, you or your prin with the City Clerk	ncipal must file an authorization
Your principal is not permitted to authorize you to lobby un City Clerk.	aless you are registered with the
If your principal spends or will owe more than \$1,000 for lo period (half year), the principal must file expense stateme remainder of the calendar year?	bbying services in any reporting nts with the City Clerk for the
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/indegraph</u> Room 103 of the City-County Building, Madison, for more information)	ex.html or go to the Clerk's Office at
Date Signature	

Date: 17 10101
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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: Dance Character Address: 54 72 Know Tomac Character Address: 54 72 Know Tomac Character					
Name: Dava Cimone McCarey Childs  Address: 5673 King James ct. #20  Phonetic pronunciation of name (if needed):					
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN				
Amendment No. 50	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>			
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>			
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li></li></ul>			
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
•					

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 represe	nting:	
MA.	P .				
· · · · · · · · · · · · · · · · · · ·					
	·				
Are you being	ng paid for your represent	ation?		Yes V No	)
,	~ · ·	4	or this person or organization? te the rest of this form If you a	Yes Nonswered "yes," go on t	
	elected official or employ nmental body?	ee who is appe	aring solely on behalf of your	office or for your munic	
	vered "yes" to the question you answered "no" to the		need not complete the rest of thi n to the next question)	s form, except that you	must sign
If you are b that:	eing paid for your repres	entation, or if	your appearance is part of other	er paid duties, please b	e advised
1	Before you engage in with the City Clerk.	lobbying as a l	obbyist, you or your principal r	nust file an authorization	on
2	Your principal is not City Clerk	permitted to au	nthorize you to lobby unless yo	u are registered with the	ne
3.		e principal mu	more than \$1,000 for lobbying st file expense statements wit		
, .	to the City Clerk's web f the City-County Building		fmadison.com/clerk/index.html more information.)	or go to the Clerk's	Office at
Date	3/07	Signature	Den May 4		
	·	Print Name	Dam Cinone Mi	Canal - Childs	
				Ø	

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: Dang Zemhanskas - Jurencus Address: 101 S. Shore to Medine  Phonetic pronunciation of name (if needed): Dinah Zem-laus-Kus Yaw zeh vichus 53715						
Phonetic pronunciation of name (if need	led): Dinah Zem-laus-K	us Yaw zeh vichus 53715				
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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>				
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>				
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>				
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>				
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>				
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>				

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.)

	is and telephone number o		•	-	<del>-</del>	
Madison	Vilnius Sister Box 3790+ 59	Cities, 1	mc, (MV	(SC)		· .
100	Box 380 5	5634 1	Nedion	W 53705		
<u> </u>						
	g paid for your representat				☐ Yes	No
Are you appe (If you answe question)	aring as part of your other red "no," <b>STOP;</b> you nee	paid duties for a not complet	or this person or or e the rest of this fo	ganization? orm If you answe	Yes ered "yes,"/g	No o on to the next
Are you an el other governr	ected official or employed nental body?	e who is appea	aring solely on bel	nalf of your offic		municipality or  No
	red "yes" to the question, ou answered "no" to the c		_		rm, except the	at you must sign
If you are be that:	ing paid for your represe.	ntation, or if	your appearance is	s part of other pa	aid duties, ple	ease be advised
1	Before you engage in lowith the City Clerk.	obbying as a lo	obbyist, you or yo	ur principal must	file an autho	orization
2.	Your principal is not po	ermitted to au	thorize you to lob	oby unless you ar	re registered v	with the
3.	If your principal spends period (half year), the remainder of the calend	principal mus				
	o the City Clerk's websi the City-County Building,				go to the Ci	lerk's Office at
Date _ <u>7/.</u> /	3.07	Signature Print Name	Lynge - Daire Ze	enheno/c	as Tho	rencius

Date: Nov. 13,2007

## CITY OF MADISON Registration Statement - Common Council 2008 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: Carla Dawkins Address: 2310 Allub De.#3					
Phonetic pronunciation of name (if nee					
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	V & ONE BOX IN THIS COLUMN			
Amendment No. 50	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No. 39	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>			
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>			
At this meeting are you representing	an organization or a person other than yo	ourself: Yes No			

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name

(SEE BACK)

of who you represent and go on to the next question)

	s and telephone number of each person or organization you are representing:  Addison Apprentice ship Pragram			
Are you being	paid for your representation?			
	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 the next			
Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
(If you answer	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)			
If you are beithat:	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.			
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 Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)			
Date // ///	MER 13,2007 Signature ND, Clarka Dawkins Print Name MS. Carla Dawkins			

Date:l	and a second	- \ .	5	I	$\mathcal{O}$	_	

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: Adebayo Onaf  Phonetic pronunciation of name (if need)	Address: 30	Heritage Circle #19 idison, WI 53711
Phonetic pronunciation of name (if need	ded):	dison, WI 53711
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 50	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 39	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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:
Adelo	ayo Onafuva & MAP frogram
30 H	entage arche #14 Madison Apprenticeship Program
Mad	17 on WI 53711 \$18 \$67 761 608 467 7114
Are you bein	ng 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 the next
	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 the City-County Building, Madison, for more information.)
Date	13/07 Signature Adebayo Onafuva
	Print Name ADEBAYO ONAFUWA

Date: ///3/07

## CITY OF MADISON Registration Statement - Common Council 2008 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: GARY Johnson	Address: ///	1 B Mac ARthur
Phonetic pronunciation of name (if need	ded):	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. 50	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 39	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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, addres	ss and telephone number of each person or organizatio	n you are representing:
······································		
Are you being	g paid for your representation?	☐ Yes ☐ No
	earing as part of your other paid duties for this person or exed "no," STOP; you need not complete the rest of the	
Are you an el other government	lected official or employee who is appearing solely or mental body?	behalf of your office or for your municipality or Yes No
	ered "yes" to the question, <b>STOP.</b> You need not compleyou answered "no" to the question, go on to the next q	
If you are be that:	sing paid for your representation, or if your appearan	ce is part of other paid duties, please be advised
1	Before you engage in lobbying as a lobbyist, you owith the City Clerk	r your principal must file an authorization
2	Your principal is not permitted to authorize you to City Clerk.	lobby unless you are registered with the
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 Room 103 of t	o the City Clerk's website <u>www.cityofmadison.com/</u> the City-County Building, Madison, for more informat	<u>clerk/index.html</u> or go to the Clerk's Office at tion.)
Date	Signature	
	Print Name	

Date: 11/13/07

## CITY OF MADISON Registration Statement - Common Council 2008 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: DIANA SINAL  Phonetic pronunciation of name (if need)	Address: 3	29 Clause Hill Du#- adison, UT 63708
r nonctic pronunciation of hame in nece		,
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 50	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 39	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>∑ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

At this meeting are you representing an organization or a person other than yourself: X 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)

	ss and telephone number of each person or organization you are representing:
700	
Are you being	g paid for your representation?
	earing as part of your other paid duties for this person or organization?   Yes No reed "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nex
Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality o mental body?
(If you answer this form. If yo	ered "yes" to the question, <b>STOP.</b> 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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(Please go to Room 103 of t	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office a the City-County Building, Madison, for more information)
Date /	/13/D7 Signature Tum Tum
/	Print Name DANA MA

Date:	l	ĺ	- 13	- 07

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.

honetic pronunciation of name (if no ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No50	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 39	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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li></li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

Name, addres	ss and telephone number of each person or organization yo	ou are representing:
Are you being	g paid for your representation?	Yes No
	earing as part of your other paid duties for this person or or or ered "no," <b>STOP</b> ; you need not complete the rest of this for	
Are you an el other government	lected official or employee who is appearing solely on bel mental body?	half of your office or for your municipality or Yes No
	red "yes" to the question, <b>STOP.</b> You need not complete to ou answered "no" to the question, go on to the next quest	
If you are be that:	ing paid for your representation, or if your appearance is	s part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or yo with the City Clerk	ur principal must file an authorization
2	Your principal is not permitted to authorize you to lob City Clerk	by unless you are registered with the
3	If your principal spends or will owe more than \$1,000 period (half year), the principal must file expense staremainder of the calendar year?	
	o the City Clerk's website <u>www.cityofmadison.com/cler</u> the City-County Building, Madison, for more information	
Date	Signature	
	Print Name	

Date: 11/13 /07

# CITY OF MADISON Registration Statement - Common Council 2008 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: Shadwa Kiffe  Phonetic pronunciation of name (if new	ded): SNA-DAY-RA 1020	akenbod Landens Ln 537 ) Williamson St 537
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 48	<ul><li>☐ Support</li><li>☒ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 47	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 52/53	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	<ul><li>Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 55	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. 49	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you of who you represent and go on to to	g an organization or a person other than need not complete the rest of this form he next question)  (SEE BACK)	yourself: Yes No If you answered "yes," provide the name

Name, addre	ss 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? Yes No ered "no," <b>STOP</b> ; you need not complete the rest of this form. If you answered "yes," go on to the next
Are you an e other governi	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  Yes No
(If you answe this form: If y	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
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(Please go to Room 103 of t	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:  $\frac{11}{13} \sqrt{0.7}$ 

## CITY OF MADISON Registration Statement - Common Council 2008 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.

honetic pronunciation of name (if	14IR Address: 12 needed): Mydur /	Madison, WI 5371
ENTER AMENDMENT NUMBER		
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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

Name, addres	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 the next		
Are you an elother governr	lected 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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)		
If you are be that:	ing 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		
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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 at the City-County Building, Madison, for more information)		
Date	Signature		
	Print Name		

Date:	

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:	Care Address: 3	05 CRYSTAL Lane adism 53714
Phonetic pronunciation of name (if nee	ded):	adism 53714
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/_	<ul><li>☑ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No/	<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 23	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li></li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
	un organization or a person other than yo eed not complete the rest of this form. If next question)	

Name, addre	ss and telephone number of each person or organization ye	ou are representing:	
		•	
	·		
Are you bein	g paid for your representation?	Yes	☐ No
.,	earing as part of your other paid duties for this person or or ered "no," <b>STOP</b> ; you need not complete the rest of this for	=	No go on to the next
	elected official or employee who is appearing solely on bel mental body?	half of your office or for you	r municipality or
	ered "yes" to the question, <b>STOP.</b> You need not complete wou answered "no" to the question, go on to the next quest		nat you must sign
If you are be that:	eing paid for your representation, or if your appearance i	s part of other paid duties, p	lease be advised
1	Before you engage in lobbying as a lobbyist, you or yo with the City Clerk	ur principal must file an auth	orization
2.	Your principal is not permitted to authorize you to lob City Clerk.	oby unless you are registered	with the
3.	If your principal spends or will owe more than \$1,000 period (half year), the principal must file expense staremainder of the calendar year?		
(Please go t Room 103 of	to the City Clerk's website <u>www.cityofmadison.com/cler</u> the City-County Building, Madison, for more information	<u>k/index.html</u> or go to the ( )	Clerk's Office at
Date	Signature		
	Print Name		

Date:			

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PLEASE PRINT CLEARLY Name: () () ()	<u>uleAddress: 60 la</u> ded):	O Galley G
Phonetic pronunciation of name (if need	led): (Ma	digon
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 22	<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Wish to speak Do not wish to speak Available to answer questions
Amendment No. 23	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

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, addi	ess and telephone number of each person or organization you are representing:
Are you bei	ng paid for your representation?
	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 the next
	elected official or employee who is appearing solely on behalf of your office or for your municipality on mental body?
10/	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign (you answered "no" to the question, go on to the next question)
If you are be that:	being 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.
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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 Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office a If the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: ////3/15

## CITY OF MADISON Registration Statement - Common Council 2008 OPERATING BUDGET

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PLEASE PRINT CLEARLY Name: Jeorge Wies	ner Address: 3°	904 Council Crest
Phonetic pronunciation of name (if nee	ded)://	904 Council Crest
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	AN & ONE BOX IN THIS COLUMN
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. 8	<ul><li>✓ Support</li><li>✓ Oppose</li><li>✓ Neither Support Nor Oppose</li></ul>	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li></li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing a	n organization or a person other than y	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, addres	ss and telephone number of	each person or or	ganization yo	a are representi	ng:	
Made	son Grapter U	Visc Ium	Reepers	Assoc		
4402	son Grapter 1  5 Washingto	4 Ave	Û			
Mag	lison Wi		488-244	H 4703		
Are you being	g paid for your representation	on?			Yes	No No
	earing as part of your other pared "no," <b>STOP;</b> you need				☐ Yes vered "yes,"	No go on to the next
Are you an e	lected official or employee mental body?	who is appearing	solely on beh	alf of your offi	ce or for you  Yes	ur municipality or
	ered "yes" to the question, S you answered "no" to the qu		~		orm, except t	that you must sign
If you are be that:	ing paid for your represent	ation, or if your	appearance is	part of other	paid duties,	please be advised
1.	Before you engage in lob with the City Clerk.	bying as a lobby	ist, you or you	ir principal mu	st file an aut	horization
2.	Your principal is not per City Clerk.	mitted to authori	ze you to lob	by unless you a	are registere	d with the
3	If your principal spends of period (half year), the premainder of the calendar	rincipal must fil				
(Please go t Room 103 of	o the City Clerk's website the City-County Building, M	: <u>www.cityofmad</u> Iadison, for more	ison.com/cleri information ,	k/index.html or )	go to the	Clerk's Office at
Date		Signature				3155
		Print Name				

Date:	

### 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.

Name: Louise Coa	Address: / 9 eded):	+ Vinge Ct
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	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

Name, addres	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," <b>STOP</b> ; you need not complete the rest of this form If you answered "yes," go on to the ne	xt
Are you an el other governr	elected official or employee who is appearing solely on behalf of your office or for your municipality mental body?	OI.
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must size you answered "no" to the question, go on to the next question)	ŗп
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advise	bś
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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 the City-County Building, Madison, for more information)	at
Date	Signature	
	Print Name	

Date: 11/13/07

## CITY OF MADISON Registration Statement - Common Council 2008 OPERATING BUDGET

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PLEASE PRINT CLEARLY Name: Dace Zeps	Address:	3013 Worthington Ave
Phonetic pronunciation of name (if nee	ded): Dotsa	3013 Worthington Ave Nadison, WI 53714
ENIER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COL	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. 10	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No. \	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No\3	Support Oppose Neither Support Nor Oppose	<ul><li></li></ul>
Amendment No\	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
At this meeting are you representing a (If you answered "no," <b>STOP</b> ; you not of who you represent and go on to the	eed not complete the rest of this fort	n yourself: Yes No n If you answered "yes," provide the name

Name, addres	ss and telephone number of each person or organization you are representing:			
<del>-</del>				
Are you being	g paid for your representation?			
	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 the nex			
Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality on mental body?			
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)			
If you are beinthat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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Date	Signature			
	Print Name			

Date: 1/-13-07

## CITY OF MADISON Registration Statement - Common Council 2008 OPERATING BUDGET

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ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	MN & 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 question
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	☐ Wish to speak ☐ To not wish to speak ☐ Available to answer questions
Amendment No	<ul><li>☐ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
Amendment No.	Support Oppose Neither Support Nor Oppose	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>

Name, addre	ss and telephone number	of each person	or organization you are represen	nting:
	) M. I		)	
	15 C. L	Dask		
Are you bein	g paid for your represent	ation?	,	Yes No
			or this person or organization? Te the rest of this form. If you an	Yes No Iswered "yes," go on to the next
Are you an e other governi	lected official or employ nental body?	ree who is appea	aring solely on behalf of your o	ffice or for your municipality or Yes No
	red "yes" to the questio où answered "no" to the			form, except that you must sign
If you are be that:	ing paid for your repres	sentation, or if	your appearance is part of othe	r paid duties, please be advised
1	Before you engage in with the City Clerk.	lobbying as a lo	obbyist, you or your principal m	nust file an authorization
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	o the City Clerk's web the City-County Building			or go to the Clerk's Office at
Date //-	13-07	Signature	Suban &	Christs/
,	/	Print Name		X

Date:	11	[13	0	)
	t			

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 Address: Name: Phonetic pronunciation of name (if needed): CHECK ONE BOX IN THIS COLUMN & ONE BOX IN THIS COLUMN ENTER AMENDMENT NUMBER Wish to speak Support Amendment No. \_\_\_ Do not wish to speak Oppose Available to answer questions Neither Support Nor Oppose 7-Support Wish to speak Do not wish to speak Amendment No. \_ Oppose Neither Support Nor Oppose Available to answer questions Wish to speak Support Amendment No. \_\_\_/ 🖇 Do not wish to speak Oppose Neither Support Nor Oppose Available to answer questions Wish to speak Support Do not wish to speak Oppose Amendment No. Available to answer questions Neither Support Nor Oppose Wish to speak Support Oppose Do not wish to speak Amendment No. Available to answer questions Neither Support Nor Oppose Wish to speak Support Do not wish to speak Oppose Amendment No. Available to answer questions Neither Support Nor Oppose Wish to speak Support Oppose Do not wish to speak Amendment No. \_\_\_\_\_ Neither Support Nor Oppose 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, addre	ss and telephone number of each person or organization you are representing:			
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(Please go t Room 103 of	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)			
Date	Signature			
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