

Date: 11/14/06

CITY OF MADISON
Registration Statement - Common Council
2007 OPERATING BUDGET

You must register before the Council considers your item.

Please Print

PLEASE PRINT CLEARLY

Amendment No.	<u>36 - support</u> ✓
Amendment No.	<u>37 - oppose</u>
Amendment No.	<u>32 - oppose</u> ✓
Amendment No.	<u>8 - oppose</u> ✓
Amendment No.	<u>9 - oppose</u> ✓

Name MARIANNE MORTON
 Address 610 SCHILLER CT.
MADISON, WI 53704

Please check the appropriate boxes:

Support funding for Westside Planning Council and Wish to speak
 Oppose taking funding from existing planning councils 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, address and telephone number of each person or organization you are representing:

Common Wealth Development
1501 Williamson Street
Madison, WI 53703 256-3527, EXT 112

Are you being paid for your representation? Yes No

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

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

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

Date 11/14/06

Signature Marianne Morton

Print Name MARIANNE MORTON

Date: 11/14/06

CITY OF MADISON
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Amendment No.	<u>2-02399</u>
Amendment No.	<u>6-023403</u>
Amendment No.	<u>8, 9 02405,</u>
Amendment No.	<u>32, 33, 34</u>
Amendment No.	<u>37</u>

Name JULIA ROBINSON

Address 2007 DENVER ST 53704

02406

02430, 02431, 02432

02435

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

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

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CITY OF MADISON
Registration Statement - Common Council
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ca 405, 02406

PLEASE PRINT CLEARLY

Amendment No. 8, 9
Amendment No. 32-02430
Amendment No. 6-02402
Amendment No. 37-02435
Amendment No. _____

Name Julie Spears
Address 812 Jennifer St.
Madison, WI 53703

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

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

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Amendment No.	<u>6 - 02403</u>
Amendment No.	<u>8 02405</u>
Amendment No.	<u>9 02406</u>
Amendment No.	<u>32</u>
Amendment No.	<u>37</u>

02430
02435

Name Michael Goodman
 Address 2314 Sommers
Madison 53704

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
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Amendment No.	<u>6-02403</u>
Amendment No.	<u>8-02405</u>
Amendment No.	<u>9-02406</u>
Amendment No.	<u>12-02409</u>
Amendment No.	<u>18-02415</u>

Name Lori Nitzel
 Address 3109 Hermine St.
Madison WI 53714

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
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Amendment No.	<u>6-02403</u>
Amendment No.	<u>7-02404</u>
Amendment No.	<u>8-02405</u>
Amendment No.	<u>9-02406</u>

Name SATYA RHODES-CORNUM
 Address 2642 HEARD ST

32, 33

02430, 02431

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

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

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

Print Name _____

Date: Nov 14, 2006

**CITY OF MADISON
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02406

Amendment No.	<u>9-BOE</u>
Amendment No.	<u>Adopted</u>
Amendment No.	<u>Amendment</u>
Amendment No.	_____
Amendment No.	_____

PLEASE PRINT CLEARLY

Name Mary Watrud
 Address 3118 Buena Vista St
Madison, WI 53704

Please check the appropriate boxes:

- Support**
 Oppose
 Neither Support Nor Oppose

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

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

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

Building Trades Council of SCWI
20 South Park Street
Madison, WI 53715

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
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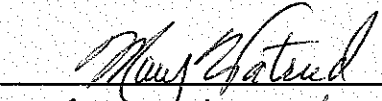
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Date Nov 14, 2006

Signature 
Print Name Mary Watrud