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

Please Print	
	PLEASE PRINT CLEARLY
Amendment No. 36-Support	Name MARIANUE MORTON
Amendment No. 37-oppose	Address 610 SCHILLER CT.
Amendment No. 32-oppose -	MADISON) W/53704
Amendment No. 2 - oppose	
Amendment No. 4 - oppose	
Please check the appropriate boxes:  Support funding for Use  Oppose  Neither Support Nor Oppose	11045-01-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
At this meeting are you representing an organ	nization or a person other than yourself:  Yes No complete the rest of this form. If you answered "yes," provide the name uestion.)
Comm	non Wealth Development
	1 h Lilliamson Street
Mad	isn WI 53703 256-3521/ HI/D
Are you being paid for your representation?	⊠Yes □ No
	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes 3 minutes

· · · · · · · · · · · · · · · · · · ·	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	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 b 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?
	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	11/14/06 Signature Marianne Modern
	Print Name ///AR/A/A/Z WIOR IOK

Date: 11	14	06		

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

Please Print	_ PLEASE PRINT CLEARLY
Amendment No. 2-02399	Name Jukha Robinson
Amendment No. 6 02 34 0 3	Address 2007 JENNER ST 53704
Amendment No. 8, 9 02405,	
Amendment No. 32, 33, 34	02430,02431,02432 02435
Amendment No. 37	
Please check the appropriate boxes:	[일본] 전환자 및 경우 등에 발표하다 보고 보고 있는 것이 되었다. 그는 것은 것 같다. 그는 것은 일본 기자 기업으로 하는 것은 것은 것은 것이 없는 것이 없는 것이 되었다.
<ul> <li>☐ Support</li> <li>☑ Oppose</li> <li>☐ Neither Support Nor Oppo</li> </ul>	and ☐ Wish to speak  Do not wish to speak ☐ Available to answer questions
(If you answered "no," <b>STOP</b> ; you need rof who you represent and go on to the next	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name t question.)  ach person or organization you are representing:
Are you being paid for your representation	ı? □ Yes □ No
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question)	nid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
	ommon Council)5 minutes  ag3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
1	wered "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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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 11/14/06

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

Please Print Co	1405, 02406	PLEASE PRINT CLEARLY
Amendment No Amendment No Amendment No Amendment No Amendment No	32-02430	Name Julic Spears Address 812 Jenifer St. Madison, W153203
Please check the appr  Support Oppose Neither Su  At this meeting are ye	pport Nor Oppose ou representing an organizati	and   Wish to speak   Do not wish to speak   Available to answer questions   Wish to speak   Available to answer questions   Wes   No plete 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 fo	or your representation?	☐ Yes ☐ No
		es for this person or organization? Yes No No plete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 minutes

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 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	Signature
	Print Name

Date: 11/14/06

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

Please Print				
		PLEASE PRINT	CLEARLY	
Amendment No.	(m - 02403	Name	Michael G	oodina
Amendment No.	X 02405	Address	0314 S	omners
Amendment No.	@ 02406		Madison	53704
Amendment No.	37 024	30		
Amendment No.	37 024	35		
Dleage cheek the approx	orinto hovan			
Please check the approp	mate boxes.			
Support		and	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to spea</li></ul>	$\mathbf{a}\mathbf{k}$
<b>◯</b> Oppose Neither Sup	port Nor Oppose		Available to answe	
				· . (
	representing an organization STOP; you need not complete			Yes No 'yes," provide the name
	nd go on to the next question			
Name, address and tele	phone number of each perso	n or organization	you are representing:	
Are you being paid for	your representation?			Yes No
Are you appearing as p	art of your other paid duties	for this person o	r organization?	Yes □No
	STOP; you need not compl			
	Public Hearing (Common C			
	Information Hearing Other Items			

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	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 b 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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: ((/(4/06

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

Please Print					
		PLEASE PRIN	NT CLEARLY		
Amendment No.	602403	Name	Lori Nitz	<u> 1</u>	
Amendment No	8-02405	Address	3109 Hern	Ning St.	
Amendment No.	9-02406		Mardian V	N 537/V	
Amendment No	12 02409				
Amendment No.	18-02415				
Please check the app	ropriate boxes:				
Support Oppose Neither S	upport Nor Oppo	and Se	Do not wisl		5
(If you answered "no of who you represen	o," <b>STOP;</b> you need not and go on to the next		his form. If you ans		] No vide the name
Name, address and to	elephone number of ea	ch person or organization	on you are represen	ting:	
				**************************************	<del></del>
Are you being paid f	or your representation	·		☐ Yes ☐	] No
		d duties for this person ot complete the rest of t		Yes swered "yes," go d	] No on to the next
Speaking Limits:	Public Hearing (Co Information Hearin Other Items		inutes inutes inutes		

	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.)
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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	Signature
	Print Name

Date: <u>N/14/06</u>

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

Please Print		
		PLEASE PRINT CLEARLY
Amendment No	2-02399	Name SATYA PHOURS-CONLIN
Amendment No	6-02403	Address 2642 HOARD ST
Amendment No	7 02404	
Amendment No	802405	
Amendment No.	9 02406	
Please check the app	propriate boxes:33	02430, 02431
Support		and Wish to speak
Oppose Noither S	upport Nor Oppo	Do not wish to speak Available to answer questions
Therefore B	apportator Oppo	
(If you answered "n		ganization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name question)
Name, address and t	elephone number of ea	ch person or organization you are representing:
Are you being paid	for your representation	? □ Yes □ No
		id duties for this person or organization?   Yes   No  ot complete the rest of this form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Co	mmon Council)5 minutes
		g 3 minutes
	Other Items	mannani va sananana ana ana ana ana ana ana ana a

Are you an el other governm	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)	
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	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 14, 2006

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

Please Print O2406	PLEASE PRINT CLEARLY
Amendment No. 9-BOE  Amendment No. Amendment No. Amendment No.	Name Mary Watrud Address 3118 Buena Vista St
Amendment No.  Amendment No.  Amendment No.	Madison, WI 53704
Please check the appropriate boxes:	
<ul><li>Support</li><li>□ Oppose</li><li>□ Neither Support Nor Oppose</li></ul>	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organizat (If you answered "no," STOP; you need not come of who you represent and go on to the next question	plete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of each personal statement of each perso	son or organization you are representing:
Building Trades Council o	FSCWI
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 dutie (If you answered "no," STOP; you need not comquestion.)	es for this person or organization?  Yes No plete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Information Hearing Other Items	3 minutes

	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 you 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\_\	N 14, 2006 Signature Mary Watrud  Print Name Mary Watrud	