

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

02408

PLEASE PRINT CLEARLY

Amendment No.	<u>#11</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Susan Schmidt
Address 210 Marquette St.

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:

DMI
1015 C. Wash

Are you being paid for your representation? Yes No

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

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

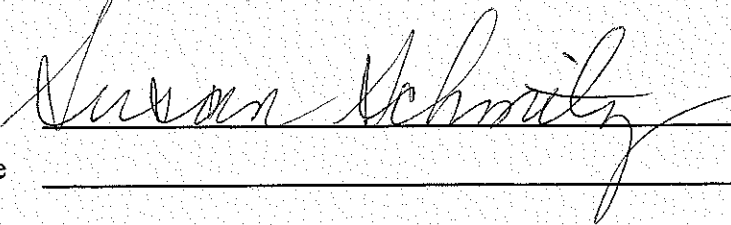
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(Please go to the City Clerk's website 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 
Print Name _____

Date: _____

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Amendment No.	12-02409
Amendment No.	36-02434
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Ted Voth Jr
 Address 1146 Williamson #3
53702

Please check the appropriate boxes:

- Support**
 Oppose
 Neither Support Nor Oppose

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

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

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Amendment No.	<u>3-02400</u>
Amendment No.	<u>11-02408</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Tom Ziarnik
 Address 9225 Eaglewood Dr.
Verona WI 53593

Please check the appropriate boxes:

- | | | |
|---|-----|--|
| <input type="checkbox"/> Support | and | <input checked="" type="checkbox"/> Wish to speak |
| <input checked="" type="checkbox"/> Oppose | | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Neither Support Nor Oppose | | <input type="checkbox"/> 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:

DoubleTree Hotel 525 W. Johnson St Madison
Club Madison WI

Are you being paid for your representation? Yes No

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

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Date _____

Signature

Tom Ziawik

Print Name

TOM ZIAWIK

Date: 11/14/06

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PLEASE PRINT CLEARLY

Amendment No.	<u>3 - 02411</u>
Amendment No.	<u>11 - 02408</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name JIM DAVIS
 Address 4402 E. WASHINGTON ~~RD~~
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

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

MADISON CHAPTER OF THE WISCONSIN INNKEEPERS ASSOC

Are you being paid for your representation? Yes No

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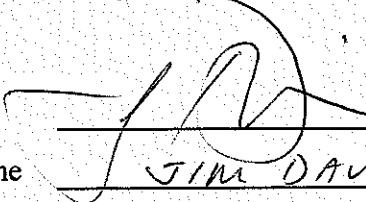
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Date 11/14/06

Signature 
Print Name JIM DAVILL