Date: //-/4-D6

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

You must register before the Council considers your item.

| Please Print | |
|---|--|
| Please Print 02408 | PLEASE PRINT CLEARLY |
| Amendment No. | Name Man Schmitz |
| Amendment No. | Address 2/1) Maymeth 1 |
| Amendment No. | |
| Amendment No. | |
| Amendment No. | |
| | |
| Please check the appropriate boxes: | |
| Support | and Wish to speak |
| Oppose | Do not wish to speak Available to answer questions |
| ☐ Neither Support Nor Oppose | |
| At this meeting are you representing an organization | on or a person other than yourself: Yes No |
| (If you answered "no," STOP; you need not comp | plete 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 pers | on or organization you are representing: |
| $\mathbb{D}M/$ | |
| 1015 C. Wash | |
| | |
| Are you being paid for your representation? | Yes No |
| | |
| Are you enmouring as part of your other naid duties | s for this person or organization? |
| Are you appearing as part of your other paid duties (If you answered "no," STOP ; you need not comp question.) | s for this person or organization? Yes No No olete the rest of this form. If you answered "yes," go on to the next |
| (If you answered "no," STOP; you need not comp | plete the rest of this form. If you answered "yes," go on to the next |

| Are you an elect | ted official or employee who is appearing solely on behalf of your office or for your municipality or |
|------------------------|--|
| other governmer | ıtal body? ☐ Yes ☑ No |
| | l "yes" to the question, STOP. 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. |
| r | f 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 emainder of the calendar year? |
| | he City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information) |
| Date // -/ | 4-06 Signature MMM MChmith |
| | Print Name |

| Date: | N | `. | ÷ | 1 | | |
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CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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| Please Print | PLEASE PRINT CLEARLY |
|--|--|
| Amendment No. 12 -02409 | Name Ted Voll NV |
| Amendment No. 36-02434 | Address 1/46 Williamson #3 |
| Amendment No. | Address |
| Amendment No. | 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - |
| | |
| Amendment No. | |
| Please check the appropriate boxes: | |
| | |
| Support | and Wish to speak Do not wish to speak |
| ☐ Oppose☐ Neither Support Nor Oppose | Available to answer questions |
| The state of the s | |
| At this meeting are you representing an organization | on or a person other than yourself: Yes No |
| (If you answered "no," STOP ; you need not composit of who you represent and go on to the next question | lete the rest of this form. If you answered "yes," provide the name |
| of who you represent that go on to the next question | |
| Name, address and telephone number of each person | on or organization you are representing: |
| | |
| | |
| | |
| | |
| Are you being paid for your representation? | The second of th |
| Are you appearing as part of your other paid duties | for this person or organization? |
| (If you answered "no," STOP; you need not comp question) | lete the rest of this form. If you answered "yes," go on to the next |
| Speaking Limits: Public Hearing (Common C | Council) 5 minutes |
| Information Hearing | 3 minutes |
| Other Items | 3 minutes |

(SEE BACK)

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No |
|------------------------|--|
| | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| 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: | 11-14-06 | | |
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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. 3 -0240e | Name Tom ZiARNIK |
| Amendment No. 11 - 02408 | Address 9225 EAglewoon De |
| Amendment No. | Address 9225 EAGLEWOOD DE. VETONA WI 53593 |
| Amendment No. | |
| Amendment No. | |
| Please check the appropriate boxes: | |
| Support | and ⊠ Wish to speak ☐ Do not wish to speak |
| ✓ Oppose✓ Neither Support Nor Oppose | Available to answer questions |
| of who you represent and go on to the next que Name, address and telephone number of each | n person or organization you are representing: |
| Doublettre Hotel 52 | 15 W. J. HNSON ST MADISON |
| COMEUB MASISON 6 | |
| | |
| 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 |

| | 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, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question) |
| 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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| 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 | Signature /m } |
| | Print Name |

Date: __///4/06

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 | 3 (02411 | Name | JM DAVIS |
| Amendment No | 11/02408 | | 4402 E. WASHINGTON GOOD |
| Amendment No | | | MADISON , WI 53704 |
| Amendment No. | | | |
| Amendment No | | | |
| Please check the app | ropriate boxes: | | |
| Support | | | and Wish to speak |
| Oppose | | | Do not wish to speak |
| | ipport Nor Oppose | | Available to answer questions |
| | | | |
| (If you answered "no | ou representing an organization, "STOP; you need not comp and go on to the next question | lete the res | on other than yourself: Yes No t of this form. If you answered "yes," provide the name |
| Name, address and to | elephone number of each person | on or organ | ization you are representing: |
| MADISON | CHAPTER OF TH | HE W. | ISCONSIN INNKEEPERS ASSOC |
| | | | |
| | | | |
| Are you being paid f | or your representation? | | ☐ Yes ☑ No |
| | s part of your other paid duties o, "STOP; you need not comp | | rson or organization? |
| Speaking Limits: | Public Hearing (Common C Information Hearing Other Items | | 3 minutes |

| | 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, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question) |
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| | to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more informa <u>tio</u> n.) |
| Date // | /14/06 Signature // |
| | Print Name / T/M DAV/(|