

Date: 14 Nov '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>2 - 02399</u>
Amendment No.	<u>6 - 02403</u>
Amendment No.	<u>7 - 02404</u>
Amendment No.	<u>8 - 02405</u>
Amendment No.	<u>33, 34</u>

Name Steve Harvid
 Address 2007 Jenite

02431, 02432

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:

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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Print Name _____

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Amendment No.	<u>2-02399</u>
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

Please check the appropriate boxes: 32, 33 02430, 02431

- 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
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02399

Amendment No. 2 oppose ✓

Amendment No. 6 oppose

Amendment No. 7-8, 33, 34 oppose

Amendment No. 36 support

Amendment No. _____

Name Dan Sebald

02463
02404
02405
02434
02431
02432

Address 1553 Adams St #A/B
Madison, WI 53711

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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Print Name _____

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

OPPOSE

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Amendment No.	<u>4, 6, 7, 8</u>
Amendment No.	<u>32, 33, 34</u>
Amendment No.	
Amendment No.	<u>5, 10, 20, 40</u>
Amendment No.	<u>21, 25, 26, 28</u>

Name Hedell Tellers
 Address 510 N. Carroll St

Support

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-oppose</u>
Amendment No.	<u>8-oppose</u>
Amendment No.	<u>33-oppose</u>
Amendment No.	<u>32-oppose</u>
Amendment No.	<u>36-support</u>

Name Lisa Subeck
 Address 818 S. Common Rd #4
Madison 53719

~~22-oppose~~
 10-support
 13-support
 30-support
 31-support
 32-oppose
 34-oppose

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

- and Wish to speak
 Do not wish to speak
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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 Hermina 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>2</u> ✓ 02399
Amendment No.	<u>6</u> ✓ 02403
Amendment No.	<u>8</u> ✓ 02405
Amendment No.	<u>34</u> ✓ 02432
Amendment No.	<u>37</u> ✓ 02435

Name Ryan Spangler
 Address 115 W Redford St,
Madison, WI 53706

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> 02430
Amendment No.	<u>37</u> 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>2-02399</u>
Amendment No.	<u>86</u>
Amendment No.	<u>8</u>
Amendment No.	<u>33</u>
Amendment No.	_____

02403
02405
02431

Name Masami Glines
 Address 2327 Willard Ave.
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
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Name, address and telephone number of each person or organization you are representing:
Madison - Obihiro Sister Cities, Inc.

Are you being paid for your representation? Yes No

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Date Nov. 14, '06

Signature Masami Nii Glines

Print Name MASAMI NII GLINES

Madison and Obihiro just made the official sister cities relationship two weeks ago. There are so many possibilities and opportunities for both cities to learn from each other and flourish together.

Eliminating the budget of \$10,000 to the whole sister cities programs (Madison has 12 ^{or so} sister cities) will leave each sister cities program only scarce money ^{to work with.} We don't have enough to function well in the first place. ^{please} Don't away valuable money to make Madison internationally - famous - friendly city.

Date: 11/14/06

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

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Please Print

02405, 02406

PLEASE PRINT CLEARLY

Amendment No.	<u>8,9</u>
Amendment No.	<u>32-02430</u>
Amendment No.	<u>6-02402</u>
Amendment No.	<u>37-02435</u>
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, 9 02405,</u>
Amendment No.	<u>32, 33, 34</u>
Amendment No.	<u>37</u>

Name JULIA ROBINSON

Address 2007 JENNIFER 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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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:

<input checked="" type="checkbox"/> Support <u>funding for Westside Planning Council</u> and <input checked="" type="checkbox"/> Wish to speak
<input checked="" type="checkbox"/> Oppose <u>future funding from existing planning councils</u> <input checked="" type="checkbox"/> Do not wish to speak
<input type="checkbox"/> Neither Support Nor Oppose <input type="checkbox"/> Available to answer questions

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(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 256-3521, EXT. 12

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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(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.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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 Marianne Morton

Print Name MARIANNE MORTON