	K	1/		M	
Date:	<u> </u>	1000	/	Ub.	

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print	일본 사람들은 기가 보는 모든 수			
		PLEASE PRINT	CLEARLY	
Amendment No	2-02399	Name	Frue Herry	
Amendment No.	6 - 02403	Address	7007 Jon to/	
Amendment No	7-02404			
Amendment No	8-02405			
Amendment No.	33,34	6 2431 62435		
Please check the ap	propriate boxes:			
			□ 11/2/1 40 amount	
Support Oppose		and	☐ Wish to speak☑ Do not wish to speak	
	Support Nor Oppose	e	Available to answer questions	
of who you represer	no," STOP; you need not not and go on to the next q telephone number of eacl	uestion)	is form. If you answered "yes," provide you are representing:	the name
Are you appearing a	for your representation? as part of your other paid			
(if you answered if question)	io, SIOP; you need not	i compiete the rest of th	is form. If you answered "yes," go on to	o the next
Speaking Limits:		mon Council) 5 min		
	Other Items	3 min 3 min		

and the second second	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.)
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: <u>N/19/66</u>

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print		
	7 -0200	PLEASE PRINT CLEARLY
Amendment No.	<u></u>	Name SATTA FHOURS-COMM
Amendment No	6 = 02403	Address 2642 HOARD ST
Amendment No.	7 02404	
Amendment No	8 02405	
Amendment No.	9 0240b	
Please check the appr	32,33 opriate boxes:33	02430, 02431
☐ Support		and Wish to speak
Oppose		Do not wish to speak Available to answer questions
Neither Su	pport Nor Oppos	se
(If you answered "no,	ou representing an organisms," STOP; you need not and go on to the next of	anization or a person other than yourself: Yes No of complete the rest of this form. If you answered "yes," provide the name question)
Name, address and te	lephone number of eac	ch person or organization you are representing:
Are you being paid for	or your representation?	Yes No
		d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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 bothat:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	Print Name

Date: 11/13/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print		
02399	PLEASE	PRINT CLEARLY
Amendment No. 2 oppose	Name	Dan Sebald
Amendment No. 6 Oppose	— ভিম্পত্য ত ম্পুত্য A ddress	1553 Adams St HAB
Amendment No. 7-8: 33,34 0800		Makison WI 53711
Amendment No. 36 Support	02434	
Amendment No.	02431	
	02432	
Please check the appropriate boxes:		
☐ Support		and X Wish to speak
Oppose		Do not wish to speak
Neither Support Nor O	pose	☐ Available to answer questions
At this meeting are you representing ar		on other than yourself: Yes No t of this form. If you answered "yes," provide the name
of who you represent and go on to the		t of this form. If you unswered yes, provide the name
Name, address and telephone number of	of each person or organ	ization you are representing:
Are you being paid for your representa	tion?	☐ Yes 💆 No
Are you appearing as part of your other	r paid duties for this pe	erson or organization?
		st of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing	(Common Council)	5 minutes
Information He	aring	3 minutes
Other Items		3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
	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 t that:	peing 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 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

You must register before the Council considers your item. Please Print PLEASE PRINT CLEARLY Amendment No. Amendment No. Amendment No. Amendment No. 5 / 10 Amendment No. 21, 25, 26 Please check the appropriate boxes: Wish to speak Support and Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: ☐ Yes (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

	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)
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Date	Signature
	Print Name

Date: 11/19/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print						
		PLEASE	PRINT CLE	ARLY		
Amendment No. <u>6</u>	-0 p.po.sl	Name	Lisa	Super	k	
Amendment No. $\frac{\mathcal{S}}{}$	-oppose	Address	818	S. Ceam	mov	Bl #4
Amendment No. <u>33</u>	3-086059	0.0.0000000	· · · ·	Morliso	M _	5 3719
Amendment No.	E LEWAD	Suff To	17 12	32-0PF	03 C	
Amendment No. 36	>-Support	13-34884	17	34-0PP0	5 ~_	
Please check the appro	opriate boxes:	30-Suppo	rt			
Support			and 🔼	Wish to speak Do not wish to		
Oppose Noither Su	pport Nor Oppo	30		Available to a		estions
At this meeting are yo	u representing an or	ganization or a perso	on other tha	an yourself:	☐ Yes	□ No
(If you answered "no, of who you represent of	" STOP; you need n	ot complete the rest			red "yes,	" provide the name
Name, address and tel	ephone number of ea	ach person or organi	zation you	are representin	g:	
					-	
Are you being paid for	r your representation				∐ Yes	□ No
Are you appearing as (If you answered "no, question.)					☐ Yes ered "yes,	☐ No " go on to the next
Speaking Limits:	* ÷					
~L am D		ommon Council)				

Are you an elother governr	lected 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:	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: ((/(4/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print		DIFASE	PRINT CLEA	RI Y		
Amendment No.	(, 02403		OLLA!	Mitael		
	8-02405	Name	21 00	7 110	<u> </u>	
Amendment No		Address	3 00	Hermin	a ST	
Amendment No	02406		Mag	hom W S	> 3~	+14
Amendment No.	12 02409					
Amendment No	18 02415					
Please check the app	propriate boxes:					
Support Oppose			⊠ I	Wish to speak Do not wish to sp Available to ansv		stions
☐ Neither S	upport Nor Oppo	ise				
(If you answered "n of who you represen	you representing an orgo, "STOP; you need not and go on to the next telephone number of each	not complete the res t question)	t of this form	If you answered] Yes I "yes,"	☐ No provide the name
Are you being paid	for your representation	1?] Yes	□ No
	is part of your other pa to," STOP; you need t	- .	_		Yes d "yes,"	No go on to the next
Speaking Limits:		ommon Council) ng				

	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 t 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 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	11/	141	06	

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print	PLEAS	E PRINT CLEARLY
Amendment No Amendment No Amendment No Amendment No Amendment No	$ \begin{array}{c cccc} \hline 2 & 02399 & Name \\ \hline 6 & 02403 & Addres \\ \hline 8 & 02405 & \\ \hline 34 & 02432 & \\ \hline 37 & 02435 & \\ \hline \end{array} $	Ryan Spangler 115 U Radford St Malison, WI 53706
At this meeting are y (If you answered "no of who you represent	ipport Nor Oppose ou representing an organization or a pe	st of this form. If you answered "yes," provide the name
Are you being paid f	or your representation?	☐ Yes 🐼 No
	s part of your other paid duties for this po, "STOP; you need not complete the r	erson or organization? Yes No est of this form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Council) Information Hearing Other Items	3 minutes

The state of the s	lected 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
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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: (1/14/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print				
		PLEASE PRIN	T CLEARLY	\cap
Amendment No	(0) - 02403	Name	Michael Good	Lower
Amendment No	X 02405	Address	0314 Som	ners
Amendment No.	© 02406		Madison	57704
Amendment No.	33 024			
Amendment No.	37 020	135		
Please check the appro	opriate boxes:			
☐ Support		and	Wish to speak	
□ Oppose			Do not wish to speakAvailable to answer quest	iona
Neither Su	pport Nor Oppose		Available to allswel quest	10118
At this meeting are vo	ou representing an organization	on or a person oth	ner than yourself: Yes	(□Ño
(If you answered "no,	," STOP; you need not comp	lete the rest of th	is form. If you answered "yes," p	<u>~</u>
of who you represent	and go on to the next questio	n)		
Name, address and tel	lephone number of each person	on or organizatio	n you are representing:	
Are you being paid fo	or your representation?		☐ Yes	No
Are you annearing as	part of your other paid duties	s for this person o	or organization? Yes	□ No
			is form. If you answered "yes,"	- August -
Speaking Limits:	Public Hearing (Common (Council)5 mi	nutes	
	Information Hearing			医乳腺管 医多色色管 矿
	Other Items	3 mi		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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.)
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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: <u>Nov. 14 66</u>

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print	PLEASE PRINT CLEARLY
Amendment No. 2 - 02399 Amendment No. 8 Amendment No. 8 Amendment No. 33	Name <u>Masami</u> Glines 02403 Address <u>2327 Willard Ave.</u> 02405 02431 Madison, WZ 53703
(If you answered "no," STOP ; you need n of who you represent and go on to the next	ganization or a person other than yourself: \(\sqrt{Y}\) Yes \(\sqrt{N}\) No not complete the rest of this form. If you answered "yes," provide the name question.)
	Sisten Cities Inc.
Are you being paid for your representation Are you appearing as part of your other pa (If you answered "no," STOP; you need n question.) Speaking Limits: Public Hearing (Co. Information Hearing	id duties for this person or organization? Yes X No not complete the rest of this form. If you answered "yes," go on to the next

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?
(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:
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date NOV: 14, 06 Signature Massam hu Klue
Print Name MASAMI NII GLINES
Madison and Obshiro just made the official Sister cities relationship two weeks aga. There are
Sister cities relationship two weeks aga. 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 sister cities)
will leave each sister cities program only scarco.
money we don't have enough to function well
will leave each sister cottes program only scarce money we don't have enough to function well in the first place. Point away valuable money to make
Madison internationally - famous - forendly city,

Date: 11/14/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print			
<u> </u>	2405, 02406	PLEASE PRINT CLEARLY	
Amendment No.	8,9	Name Julic Spears	
Amendment No.	32-02430	Address 812 Jenney St	1 1 1 1 1 1
Amendment No.	10-02402	Audiess (1 - Goodfor S	
(1978年) 17 日本本学 - 12 日 - 1	37-02435	1/400301/M/3310	
Amendment No	J 1~00133		
Amendment No.			
Please check the app	ropriate boxes:		
☐ Support		and 🗹 Wish to speak	
Oppose		Do not wish to speak	
Neither S	upport Nor Oppose	☐ Available to answer questions	
At this mosting are v		ration are a margan other than yourself.	
		zation or a person other than yourself: Yes No omplete the rest of this form. If you answered "yes," provide the i	пате
,	t and go on to the next ques		
Name address and to	alambama mumban af agab me		
Name, address and to	elephone number of each pe	erson or organization you are representing:	
			· :
Are you being paid f	for your representation?	☐ Yes ☐ No	
Are you being paid I	or your representation:		
		tties for this person or organization?	
(If you answered "no question.)	o," STOP; you need not co	omplete the rest of this form. If you answered "yes," go on to the	next
Speaking Limits:	Public Hearing (Commo	on Council)5 minutes	¹ 4 4 4 7
			100
	Information Hearing	3 minutes 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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Date	Signature
	Print Name

Date:	11	14	06	ing my and the	1.

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

The second of the second of the second		
		PLEASE PRINT CLEARLY
Amendment No. 2		Name Justit Rowson
Amendment No <	, 02\$103	Address 7,007 DENNER ST 53704
Amendment No. <u>8</u>	,9 02405,	02406
Amendment No. 3		02430,02431,02432
Amendment No. 3	7	
Please check the app	ropriate boxes:	
Support		and Wish to speak
Oppose		✓ Do not wish to speak✓ Available to answer questions
Neither St	ipport Nor Oppo	
(If you answered "no	o," STOP; you need n	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name
of who you represent	and go on to the next	t question)
		questions)
Name, address and to		ach person or organization you are representing:
Name, address and te		
Name, address and te		
	elephone number of e	ach person or organization you are representing:
Name, address and to	elephone number of e	ach person or organization you are representing:
Are you being paid for Are you appearing as	or your representation	ach person or organization you are representing:
Are you being paid for Are you appearing as (If you answered "no	or your representations part of your other part, "STOP; you need to Public Hearing (Co.	ach person or organization you are representing: ?

	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)
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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
	in the secretary from the D aint Manner with the first the first that the first the first the first the first the

Date: 11/14/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print		
PLEASE PRINT CLEARLY		
Amendment No. 36-Support	Name	MARIANNE MORTON
Amendment No. 317-oppose	Address	610 SCHILLER CT.
Amendment No. 32-oppose		MADISON) W/53704
Amendment No. X - OPPOSE		
Amendment No. 4 - on poxe		
At this meeting are you representing an organiza	mplete the rest of	Do not wish to speak Available to answer questions
Name, address and telephone number of each pe	rson or organiza	tion you are representing:
Compris	on Wed	Of Development
1501	L'illiame	Ion Street
Madi	son, WI	53703 256-3527, 秋万万
Are you being paid for your representation?		▼Yes □ No
Are you appearing as part of your other paid dut (If you answered "no," STOP; you need not co question.)	ties for this perso mplete the rest o	n or organization? Yes \[\] No f this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Commo Information Hearing Other Items		minutes minutes minutes

	lected 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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	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	1/14/06 Signature Marianne Morta
	Print Name MARIANNE MORTON