

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

#3
Agenda No. <u>Operating Budget</u>
Budget Amendment Number(s): <u>44</u>

Name Susan Nossal

Address 138 W. Gorham St.

Madison, WI 53703

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>#3</u> <u>Operating Budget</u>
Budget Amendment Number(s): <u>41</u>

Name Susan Nossal
 Address 138 W. Gorham St.
Madison, WI 53703

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," go on to the next question.)

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Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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

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Date _____

Signature _____

Print Name _____

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>Operating Budget</u> ^{#3} Budget Amendment Number(s): <u>2</u>

Name Susan Nossal
 Address 138 W. Gorham St.
Madison, WI 53703

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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

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Date _____

Signature _____

Print Name _____

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>Operating #3</u> <u>Budget</u>
Budget Amendment Number(s): <u>1</u>

Name Susan Nossal
 Address 138 W. Gorham St.
Madison, WI 53703

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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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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 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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

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Date _____

Signature _____

Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u> Budget Amendment Number(s): <u>2, 44</u>
--

Name Kathy Walsh
 Address 566 S Sesue Rd
Madison WI 53711

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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

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Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 11/15/2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u> <u>Operatn</u>
Budget Amendment Number(s): <u>19, 44, 41</u>

Name Daniel L Ross

Address 125 N Hamilton St #602
Madison WI 53703

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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

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Speaking Limits: Public Hearing 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>19</u>

Name DAN S. CURD

Address 737 Jennifer St

MADISON WI 53703

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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Date 11-15-05

Signature 

Print Name DAN S. CURD

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>#41</u>

Name John Rider

Address 1008 Colby St

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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
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Speaking Limits: Public Hearing..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____ Signature _____
Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. 41 <u>3</u>
Budget Amendment Number(s): <u>1, 41, 44</u>

Name Lori Nitzel
 Address 3109 Hermina St.
Madison, WI 53714

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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
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Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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

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Date _____

Signature _____

Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>41</u>

Name Nan Cline
 Address 1729 Fremont Ave
Madison WI 53704

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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

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Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u> Budget Amendment Number(s): <u>40</u> <u>By Youth For Youth Cut</u>

Name Mailee Yang

Address 125 Kennedy Heights

Madison, WI 53704

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither** *Support or Oppose*

- 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," 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
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Speaking Limits:

Public Hearing.....	5 minutes
Information Hearing.....	5 minutes
Other Items.....	3 minutes

(See Back)

Registration Statement - Page 2

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

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Date _____

Signature _____

Print Name _____

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u> Budget Amendment Number(s): <u>41</u>

Name Annette Czarnecki
 Address 313 Potter St, Madison 53715

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

Please do not change Planning Council funding without public input and proper planning.

(See Back)

Registration Statement - Page 2

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

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Date 11/15/05

Signature Annetta Carnevali

Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

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Please Print

PRINT NAME CLEARLY

Agenda No. <u>3 - op Budget</u>
Budget Amendment Number(s): <u>1, 41, 44</u>

Name Norman Stockwell

Address 401 E Inside Blvd

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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
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Speaking Limits: Public Hearing..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 11/15/03

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>41</u>

Name Jeffrey E. Shokles
 Address 1509 Hooker Ave
Madison, WI 53704

Please check the appropriate boxes:

- | | |
|---|--|
| <input type="checkbox"/> Support | <input type="checkbox"/> Wish to speak |
| <input checked="" type="checkbox"/> Oppose | <input checked="" type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Neither <i>Support or Oppose</i> | <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," go on to the next question.)

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

Northside Planning Council (Representative)
Sheridan Triangle Neighborhood Association (Board Member)

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.....5 minutes
 Information Hearing.....5 minutes
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(See Back)

Registration Statement - Page 2

Are you an elected official 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.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: _____

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>41</u>

Name SHERRI L. SHOKLER

Address 1509 Hooker Ave

Madison WI 53704

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," go on to the next question.)

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

Sheridan Triangle Neighborhood Association, President

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.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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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3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u> Budget Amendment Number(s): <u>41</u>

Name CHARLES SMALLEY
 Address 1533 COMANCHE GLEN
MADISON, WI. 53704

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3 - OPERATING</u>
Budget Amendment Number(s): <u>8, 9, 29, 41</u>

Name ROSEMARY LEE
 Address 111 W WILSON #108

Please check the appropriate boxes:

Support
 Oppose
 Neither *Support or Oppose*

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," 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.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: _____

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

3

PRINT NAME CLEARLY

Agenda No. <u>44</u>
Budget Amendment Number(s):

Name Bert Zipperer

Address 1337 Jennifer St.
Madison WI
53703

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>1, 19, 41, 44</u>

Name Juscha Robinson

Address 2007 Jennifer St
33704

Please check the appropriate boxes:

- | | |
|---|--|
| <input type="checkbox"/> Support | <input type="checkbox"/> Wish to speak |
| <input checked="" type="checkbox"/> Oppose | <input checked="" type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Neither <i>Support or Oppose</i> | <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," 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.....5 minutes
Information Hearing..... 5 minutes
Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>1, 2, 44</u>

Name Michael Bastford
 Address 1917 Schlingon

Please check the appropriate boxes:

- Support
 Oppose
 Neither *Support or Oppose*

- 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," 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 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 15 Nov 05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): 0402 <u>44</u>

Name Steve Brist

Address 4210 Wyanetah Trail

Please check the appropriate boxes:

Support

Oppose

Neither *Support or Oppose*

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," 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 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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

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Date _____

Signature _____

Print Name _____

Date: _____

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>41</u>

Name Jean Nielsen

Address 2300 S Park St

Madison 53713

Please check the appropriate boxes:

- Support
 Oppose
 Neither *Support or Oppose*

- 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," go on to the next question.)

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

South Metropolitan Planning Council

2300 S. Park St

Madison, WI 53713

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 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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

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3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11/15/05

Signature Jean Nielsen
Print Name JEAN NIELSEN

Date: 11/15/2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3 operating</u>
Budget Amendment Number(s): <u>22 (EOC fund → FNC)</u>

Name Daniel L Ross

Address 125 N Hamilton St. #602
Madison 53703

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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Date _____

Signature _____

Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

3

PRINT NAME CLEARLY

Agenda No. <u>OPERATING BUDGET</u>
Budget Amendment Number(s): <u>11</u>

Name JASON SALUS

Address 1210 FORSTER DR.
MADISON, 53704

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:
GREATER MADISON CHAPTER OF W/ INNKEEPERS (48 HOTELS)

Are you being paid for your representation? Yes No

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

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

3

PRINT NAME CLEARLY

Agenda No. <u>OPERATING BUDGET</u>
Budget Amendment Number(s): <u>8</u>

Name JASON SALUS

Address 1210 FORSTER DR.

MADISON, 53704

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:
GREATER MADISON CHAPTER OF WI LUNKEEPERS (48 HOTELS)
GREATER MADISON HOSATALITY COUNCIL

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.....	5 minutes
Information Hearing.....	5 minutes
Other Items.....	3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

3

PRINT NAME CLEARLY

Agenda No. <u>OPERATING BUDGET</u>
Budget Amendment Number(s): <u>9</u>

Name JASON SALUS

Address 1210 FORSTER DR.
MADISON, 53704

Please check the appropriate boxes:

Support

Oppose

Neither *Support or Oppose*

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," go on to the next question.)

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

GREATER MADISON CHAPTER OF WI INNKEEPERS (49 HOTELS)

GREATER MADISON HOSPITALITY COUNCIL

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.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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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3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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Date _____

Signature _____

Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

3

PRINT NAME CLEARLY

Agenda No. <u>OPERATING BUDGET</u>
Budget Amendment Number(s): <u>10</u>

Name JASON SALUS

Address 1210 FORSTER DR.
MADISON, 53704

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:
GREATER MADISON CHAPTER OF WI INNKEEPERS (48 Hotels)

Are you being paid for your representation? Yes No

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

Speaking Limits: Public Hearing 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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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Date _____

Signature _____

Print Name _____

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>41</u>

Name Jean Vogel

Address 922 Park St #209
Oregon WI 53575

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No

2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>Z/Sister, 41</u>

Name Michael Kissick

Address 1126 Senifer St.

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," go on to the next question.)

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

D. myself

please do not cut funding for the planning councils

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.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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

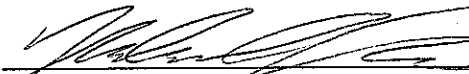
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11/05/05

Signature 

Print Name Michael Rossich

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>1, 41</u>

Name Ariel Kautzman
 Address 1126 Teniper St. #2
Madison, WI 53703

Please check the appropriate boxes:

- Support
 Oppose
 Neither *Support or Oppose*

- 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," go on to the next question.)

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

2) Sister cities are important partnering, connect Madison positively to world.
Good ambassadors

41) Planning Comemts provide ways for community residents to
engage in improve quality of life and make significant contributions.
Organize grassroots involvement. City would not have time

Are you being paid for your representation? Yes No
for the level of engagement that we do

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..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11/15/05

Signature 

Print Name Daniel L. Kaufman

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>39</u>

Name Martha Martinez
 Address 103 Sunny Meade Ln # 2
Madison WI 53713

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11-15 05

Signature Martha Martinez

Print Name Martha Martinez

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>39</u>

Name Birah Budreau
 Address 2300 Badger Pkwy #2
Madison WI 53713

Please check the appropriate boxes:

- | | |
|--|--|
| <input type="checkbox"/> Support | <input type="checkbox"/> Wish to speak |
| <input checked="" type="checkbox"/> Oppose | <input checked="" type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Neither Support or 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," 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.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11/15/05

Signature Birgit Budreau
Print Name Birgit Budreau

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3-37</u> Budget Amendment Number(s): <hr/> <hr/>
--

Name Cynthia Travis
 Address 3150 S Paul Ave

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)

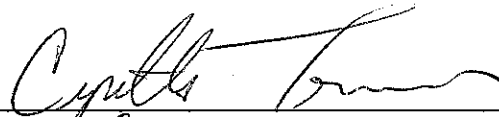
If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11-15-05

Signature



Print Name

Cynthia Terrell

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>41, 40</u>

Name Allyssa Kenney
 Address (317) Carpenter St.

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support or Oppose

- 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," 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.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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

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3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 1/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>1, 2, 44, 41, 19</u>

Name JESSICA COURTIER
 Address 2616 FAIRFIELD #
53700

Please check the appropriate boxes:

Support
 Oppose
 Neither *Support or Oppose*

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," 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 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 15 Nov '05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>1, 2, 41, 44</u>
<u>19</u>

Name EDWARD McMANUS

Address 210 DIVISION ST
MADISON WI 53704

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support or Oppose

- 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," 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..... 5 minutes
Information Hearing..... 5 minutes
Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

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

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Date _____

Signature _____

Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>#1, #2, B55, #41</u>

Name OLIVIA ERICKSON
 Address DAVE COUNCIL RD.
WILKINSON, DIST. 13
10711 Jefferson St

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>35, 41, 44</u>

Name Jonathan Cooper
 Address 208 S. Henry St.
Madison WI

Please check the appropriate boxes:

- | | |
|--|--|
| <input type="checkbox"/> Support | <input type="checkbox"/> Wish to speak |
| <input checked="" type="checkbox"/> Oppose | <input checked="" type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Neither Support or 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," 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..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11/15/05

Signature

Jonathan D. Cooper

Print Name

Jonathan D. Cooper

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>1, 2, 12, 14, 18, 19, 22, 23, 25</u> <u>34, 35, 39, 40, 41, 43, 44</u>

Name Harry Richardson
Address 18 Sherman Ter No 4

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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	5 minutes
Information Hearing	5 minutes
Other Items	3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: _____

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>19</u>

Name JAVIER CANDELA
 Address 2966 Settlement Dr.
Madison WI 53713

Please check the appropriate boxes:

- Support
 Oppose
 Neither *Support or Oppose*

- 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," go on to the next question.)

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

Self

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.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11-15-05

Signature

Print Name

Javier Candela

Date: _____

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>19</u>

Name Monica Gonzalez
 Address 2966 Settlement Dr.
Madison WI 53713

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," go on to the next question.)

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

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.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11/15/08

Signature Monica Gonzalez

Print Name Monica Gonzalez

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u> Budget Amendment Number(s): <u>1, 2, 19, 39, 41, 44</u>

Name Marilyn Feil
 Address 3634 Alpine Rd

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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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3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>1, 2, 12, 18, 19, 22</u> <u>23, 25, 34, 35, 39</u> <u>40, 41, 43, 44</u>

Name SATYA RHODES CONWAY
 Address 1918 E MADISON ST. #1
MADISON

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)

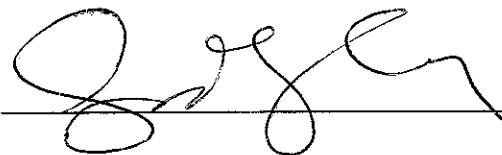
If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11/15/05

Signature



Print Name

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

3
Agenda No. _____
Budget Amendment Number(s): <u>40</u>

Name Valeria Leyva Jaimes

Address 1402 Drake St. Apt. 1

Madison, WI 53711

Please check the appropriate boxes:

- | | |
|--|--|
| <input type="checkbox"/> Support | <input type="checkbox"/> Wish to speak |
| <input checked="" type="checkbox"/> Oppose | <input checked="" type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Neither Support or 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:
By Youth For Youth, United Way Building on Atwood Avenue.

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	5 minutes
Information Hearing	5 minutes
Other Items	3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: _____

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>19</u>

Name Patricia Coleman
 Address 12 high point OAKS LN #201
Madison WI 53719.

Please check the appropriate boxes:

- Support
 Oppose
 Neither *Support or Oppose*

- 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," go on to the next question.)

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

SELF

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.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11-15-05

Signature

Patricia Coleman

Print Name

PATRICIA Coleman

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

<p>3 / 41</p> <p>Agenda No. <u>41</u></p> <p>Budget Amendment Number(s):</p> <p>_____</p> <p>_____</p>
--

Name Claudia Rosenbrowne

Address 4717 School RD

Please check the appropriate boxes:

- Support
- ~~Oppose~~
- Neither Support or Oppose

- 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," 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..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

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

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If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

1, 2, 12, 14
18, 19, 22, 23
25, 34, 35, 39
40, 41, 43, 44
(Boe 15)

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>#3 operating</u>
Budget Amendment Number(s):

Name Marsha Rummel

Address 1339 Rutledge # 2

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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.....	5 minutes
Information Hearing.....	5 minutes
Other Items.....	3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>41</u>

Name Jodi WOETSMA

Address 2610 E. Dayton
Madison WI 53704

Please check the appropriate boxes:

Support
 Oppose
 Neither *Support or Oppose*

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," go on to the next question.)

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

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 5 minutes
Information Hearing 5 minutes
Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11-15-05

Signature Jodi Workman

Print Name Jodi Workman

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u># 1, 2, 19, 24, 29, 29</u>

Name Lucy Gibson

Address 1610 Angel Crest Way

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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.....	5 minutes
Information Hearing.....	5 minutes
Other Items.....	3 minutes

(See Back)

Registration Statement - Page 2

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

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 12/15/2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s):
<u>1, 2, 12, 18, 19, 22, 23, 25, 34, 35, 37,</u>
<u>40, 41, 43, 44</u>

Name BEN HANSKI

Address 3340 AMOTH CT.

MADISON

Please check the appropriate boxes:

- Support
- Oppose
- Neither *Support or Oppose*

- 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," 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..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

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

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>Operating - 1,2</u>
Budget Amendment Number(s): <u>41</u>
<u>12, 18, 19, 22, 23, 25,</u>
<u>34, 35, 39, 40, 43, 44</u>

Name Julie Spears

Address 812 Juniper St.

Madison, WI 53703

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support or Oppose

- 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," 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..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u> Budget Amendment Number(s): <u>14, 22, 35, 41, 44</u>

Name Betty Chewning
 Address 3122 Lakeland Ave
Madison
53704

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 2
- 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," 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.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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

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3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____ Signature _____
Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>19</u>

Name Teresa Reed

Address 218 Jackson St #1
Madison WI 53704

Please check the appropriate boxes:

Support

Oppose

Neither Support or Oppose

20 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," 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..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>41</u>

Name Michael Shinnervs

Address 2206 Calypso Rd

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," 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 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)

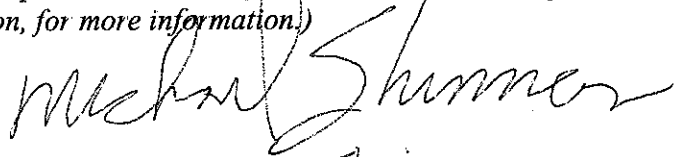
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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11-15-05

Signature



Print Name

Michael Shinner

Date: 11-15-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>39</u>

Name Ida Thomas
 Address 2614 Country Rose Ct

Please check the appropriate boxes:

- Support
- Oppose
- Neither *Support or Oppose*

2. 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," 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 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11-15-05 Signature Ida E Thomas
Print Name IDA E THOMAS

Date: 11/16/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment
Number(s): <u>41</u>
<u>ending direct funding for Planning Councils</u>

Name STEPHANIE REARICK
 Address 1340 E. WILSON MADISON 53703

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support or Oppose

- 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," 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 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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

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Date _____

Signature _____

Print Name _____

Date: 11-12-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u> Budget Amendment Number(s): <u>41</u>
--

Name Carol Berglund

Address 3137 James St

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," go on to the next question.)

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

Are you being paid for your representation? Yes No

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Speaking Limits:

Public Hearing.....	5 minutes
Information Hearing.....	5 minutes
Other Items.....	3 minutes

(See Back)

Registration Statement - Page 2

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

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Date _____

Signature _____

Print Name _____

Date: 11/16/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>41</u>

Name Michael Forster Rothbart
 Address 64 Lansing St., Madison

re: Neighborhood Planning Councils

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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," go on to the next question.)

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

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Speaking Limits: Public Hearing 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: _____

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>Operating Budget Amendment #25</u>

Name Kay Bentley
 Address 7301 Longmeadow Rd.
Madison 53717

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

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

City of Madison Clerical Pool Supervisor

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," 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..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>3</u>
Budget Amendment Number(s): <u>Operating Budget</u>

Name Kristin Hoffschmidt
 Address 529 Elmside Blvd.
Madison WI 53704

Please check the appropriate boxes:

- Support** 29, 28
- Oppose** 1, 2, 41, 44
- Neither** *Support or Oppose*

- 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," go on to the next question.)

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

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Speaking Limits: Public Hearing 5 minutes
 Information Hearing .. 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. 11 <u>2</u>
Budget Amendment Number(s): <u>37, 28, 29</u> <u>41</u>

Name PAMELA HATHAWAY
 Address 1321 E Mifflin St
MSN, WI 53702

Please check the appropriate boxes:

- Support** 37, 28, 29
- Oppose** 41
- Neither** *Support or Oppose*

- 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," 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
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Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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

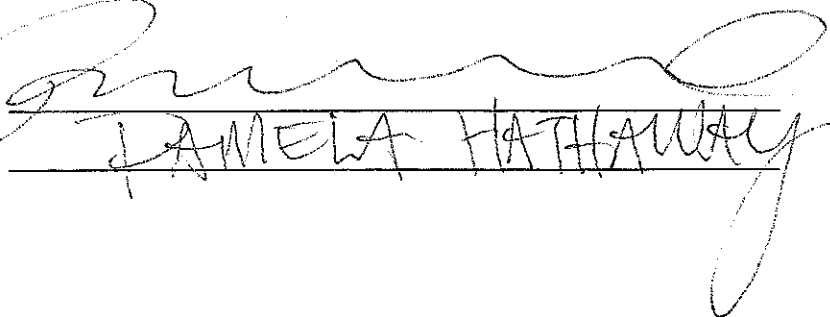
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Date 11/15/05

Signature 
Print Name PAMELA HATHAWAY

Date: 11/15/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>413 3</u>
Budget Amendment Number(s): <u>40</u>
<u>Buy Youth for Youth</u> <u>Cent</u>

Name Kao Lee Yang

Address 153 Kennedy Heights
Madison, WI 53704

Please check the appropriate boxes:

- Support
- Oppose**
- Neither *Support or Oppose*

- 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:

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Speaking Limits: Public Hearing 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

2059 Atwood Avenue
PO Box 7548
Madison, WI 53707-7548
(608) 246-4350
FAX (608) 246-4349
www.uwdc.org

BY YOUTH FOR YOUTH™

A collaborative project of United Way of Dane County, City of Madison and Dane County Youth Commission

November 14, 2005



Mayor Dave Cieslewicz
PO Box 2164
Madison, WI 53701

Dear Mayor Cieslewicz,



We would like to sincerely thank you for your continued support of By Youth For Youth.

Your commitment to youth development and leadership within our community has been invaluable.

With your honorable sustainment of By Youth For Youth funding, you have assured that Dane County's youth can step forward with pride and wisdom.



With your continuous commitment to our community's young leaders, you have guaranteed that these leaders exercise kindness and attentive giving towards their peers.

Thank you for restoring our funding back to its previous level.



You have ensured that we still live within a nurturing and enlivened community where our young leaders can still count on support from our leaders of today.

We thank you

Sincerely,

By Youth For Youth Members: *Natalie M. Faust* Verona High 12th grade
Sarah Pac Madison
Sarah Pac West High School
Emily Vesperat 11th grade
Monona Grove High School
Tobacco Free Dane County Coalition, Inc.
Bocca Berkenstadt 13th grade
East High School
Kelsey Eschen 10th grade
Verona Area High

Jordan Durst 10th grade
Verona Area High School

Valeria Lyyva 11th grade

Pilline Lee 10th grade
malee yang 10th grade

Kao Lee Yang 11th Grade

Phillip Gorman 11th grade

Mohak Am 11th grade

Valerie Hurst 7th Grade

Jan Mandeville 12th grade

West High School

East High School

East High School

East High School

Edgewood High School

Edgewood High School

Stoughton High School

Madison West High School