	 11	11.	1.	$\Lambda \mathcal{L}$	
Date:	 	<u> </u>	. 6	<u> 10</u>	 _

Please Print	PLEASE PRINT CLEARLY
Amendment No. 2	02399 Name Daina Zemhauskas-Juozevicius
Amendment No.	Address Dinah Zem-laus-kus Yaw zeh vi chu
Amendment No.	
Amendment No.	701 S. Shore Drives Madesin W1 53715
Amendment No.	
Please check the appropriate b	oxes:
Support	and Wish to speak
Oppose Neither Support	Do not wish to speak  Available to answer questions
Treather Support	
	enting an organization or a person other than yourself: Yes No is you need not complete the rest of this form. If you answered "yes," provide the name on to the next question.)
Name, address and telephone	number of each person or organization you are representing:
Madrino Vilnius	Sister Cities, Inc.
Are you being paid for your re	epresentation?
	rour other paid duties for this person or organization? Yes No P; you need not complete the rest of this form. If you answered "yes," go on to the next
	Hearing (Common Council) 5 minutes
	ation Hearing 3 minutes Items 3 minutes

	그 사람들은 사람들은 소리를 하는 것을 하는 것이 없는 것이 없는 것이 살아가는 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이다.
	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk
3	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date//.	1.14.06 Signature 4,55-+ 7
	Print Name Dang Zembaiokas - Juszeneum

Date: NOV 14 2006

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

You must register before the Council considers your item.

Please Print	PLEASE PRINT CLEARLY
Amendment No. Z oppose -02399	Name Karen Hendrickson
Amendment No.	Address N1749 Yevges Pd Feeseville W1 53579
Amendment No.	Reposite INI 63579
Amendment No.	
Amendment No.	
Please check the appropriate boxes:	
■ Support	and 🕅 Wish to speak
Oppose	and Wish to speak  Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organization	ion or a person other than yourself: Yes No
(If you answered "no," STOP; you need not comp	plete the rest of this form. If you answered "yes," provide the nam
of who you represent and go on to the next question	
Name, address and telephone number of each pers	son or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not comp question)	es for this person or organization?  Yes No nplete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits: Public Hearing (Common Information Hearing	

(SEE BACK)

- · ·	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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•	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	M/I	-14.	-06	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1

You must register before the Council considers your item.

Please Print		PLEASE	PRINT	CLEARLY			
Amendment No.	21-2399	Name	Ka	144	Nals4		
Amendment No		Address	56	6 5	Ses	ic Ki	-371/
Amendment No.			· · · · · · · · · · · · · · · · · · ·	Madiso	in W	1 3	-3711
Amendment No.							
Amendment No.							
Please check the appr	opriate boxes:						
Support			and		to speak ot wish to	speak	
<ul><li>✓ Oppose</li><li>Neither Su</li></ul>	pport Nor Oppose				lable to an		stions
(If you answered "no of who you represent	ou representing an organization, "STOP; you need not compand go on to the next question lephone number of each personal state.	lete the res n)	t of this	form. If y	ou answer		⊠No "provide the name
Are you being paid for	or your representation?					☐ Yes	□No
	part of your other paid duties," STOP; you need not comp						☐ No " go on to the next
Speaking Limits:	Public Hearing (Common						
	Information Hearing Other Items	the property of the control of					

(SEE BACK)

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

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

Please Print		PLEASE PRINT CLEARLY
Amendment No Amendment No Amendment No Amendment No Amendment No		Name FRANK ARFANO Address 4809 ELDONADO LN MADISON 53716
At this meeting are y (If you answered "no	upport Nor Oppose ou representing an organiza	and Wish to speak Do not wish to speak Available to answer questions  ation or a person other than yourself: Yes No mplete the rest of this form. If you answered "yes," provide the name
Name, address and to	elephone number of each pe	erson or organization you are representing:
914 /2	26 en 57	HOVA Sisten City Program Madison 227-0747
	or your representation?	☐ Yes
		ties for this person or organization?   Yes XNo mplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Commo Information Hearing Other Items	3 minutes

Are you an elother governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
1 - 1	ered "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date/	///// Signature Print Name

	Da	ıte:	/	7/	, 1 7,	10	6	 		
ď	1	400		7	7				 •	-

Please Print	PLEASE PRINT CLEARLY
Amendment No. 2 02399	그러가 되는 경기가 가득하는 그만 아니는 사람들은 모양을 하고 있다.
Amendment No.	Name SABRINA KARL
	Address 2723 NORWOOD PL.
Amendment No.	MAD18ON 53726
Amendment No.	
Amendment No.	
Dlogg check the appropriate horses	
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
<b>☐</b> Neither Support Nor Oppose	
At this meeting are you representing an organization (If you answered "no," STOP; you need not compose of who you represent and go on to the next question	plete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each personal statement of each perso	on or organization you are representing
realine, address and telephone number of each pers	on or organization you are representing.
Are you being paid for your representation?	$oxed{\square}$ Yes $oxed{\square}$ No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not comparestion)	s for this person or organization? Yes No No plete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Common Common Hearing)	

Are you an e other governs	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date /1//	4/06 Signature LL.
	Print Name SABRINA L. KARC

	11/14/06	
Date:	11/1/00	

Please Print		
		RINT CLEARLY
Amendment No. 2 02399	Name	BRUN BEUMER
Amendment No.	Address	BRYAN BEUTTER 2423 NORWOOD PL
Amendment No.		MADISON, WI 53726
Amendment No.		
Amendment No.		
Please check the appropriate boxes:		
☐, Support		and Wish to speak
<b>Oppose</b>		Do not wish to speak Available to answer questions
<b>☐</b> Neither Support Nor Oppose		
At this meeting are you representing an organization	on or a perso	n other than yourself: Yes No No
(If you answered "no," STOP; you need not comp	lete the rest	of this form. If you answered "yes," provide the name
of who you represent and go on to the next questio	n)	
Name, address and telephone number of each personal	on or organiz	cation you are representing:
Are you being paid for your representation?		☐ Yes   No
Are you appearing as part of your other paid duties (If you answered "no," <b>STOP</b> ; you need not comparestion.)	s for this persolete the rest	son or organization?
Speaking Limits: Public Hearing (Common Common Comm	Council)	5 minutes
Information Hearing		

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?				
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)				
If you are be that:	sing paid for your representation, or if your appearance is part of other paid duties, please be advised				
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk				
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
, — — — — — — — — — — — — — — — — — — —	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)  14/06  Signature				
	Print Name BUILD				

Date: 11/14/06

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

Please Print	
	PLEASE PRINT CLEARLY
Amendment No. 2-02399	Name Michael Iltis Address 216 Campbell St. #2 Madison, WI
Amendment No.	Address 216 Campbell St. #2
Amendment No.	Madison, INI
Amendment No.	
Amendment No.	
	보고 있다는 사람들이 되었다는 것도 있다면 하는 것들은 것이 되었다. 그런 그는 것은 것이 되었다는 것이 없는 것이다. 
Please check the appropriate boxes:	
Support	and 🔀 Wish to speak
Support ✓ Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organiza	
(If you answered "no," <b>STOP</b> ; you need not con of who you represent and go on to the next quest	mplete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next quest	
Name, address and telephone number of each pe	erson or organization you are representing:
Are you being paid for your representation?	☐ Yes
Are you appearing as part of your other paid dut	ties for this person or organization?
(If you answered "no," STOP; you need not co	mplete the rest of this form. If you answered "yes," go on to the next
question)	
Speaking Limits: Public Hearing (Commo	n Council)5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

** * * * * * * * * * * * * * * * * * *	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
	vered "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are t that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at for the City-County Building, Madison, for more information)
Date	Signature
	Print Name

	5.0		1 1	<i>!</i>	is teal.
Date:	1.5		114/	06	
	<del></del>	-			 

Please Print		PLEASE P	PRINT CLEARLY
Amendment No	2.02399	Name _	Joe Peterangelo
Amendment No.		Address	Joe Peterangelo 926 Spaight 5+ #2 Madison, WI 53703
Amendment No.			Madison, WI 53703
Amendment No			
Amendment No			
Please check the appr	opriate boxes:		
Support Oppose Neither Su	pport Nor Oppose		and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no, of who you represent	and go on to the next qu	complete the rest of testion (	on other than yourself:  Yes No of this form. If you answered "yes," provide the name zation you are representing:
Are you being paid fo	r your representation?		☐ Yes   X️No
			son or organization?    Yes No t of this form. If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing (Com- Information Hearing)		

· · · · · · · · · · · · · · · · · · ·	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	1/14/06 Signature Joseph Petrol
化硫基甲基磺基	Print Name

Date: 11/14/06

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

Please Print		PLEASE PRINT CLEARLY
Amendment No.	2 02399	Name Gndy Brewnier
Amendment No		Address 1353 Rutheder St
Amendment No.		
		Madisen, WI S37a:
Amendment No.		
Amendment No.		
Please check the app	ropriate boxes:	
☐ Support		and Wish to speak
Oppose		Do not wish to speak
	upport Nor Oppo	OSE Available to answer questions
		ganization or a person other than yourself:  Yes No
of who you represen	t and go on to the next	not complete the rest of this form. If you answered "yes," provide the name t question.)  ach person or organization you are representing:
Are you being paid	for your representation	ı? Yes X No
Are you appearing a (If you answered "n question.)	s part of your other part o," STOP; you need n	id duties for this person or organization?  Yes No not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:		ommon Council) 5 minutes  ng 3 minutes  3 minutes

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  \[ \sum \text{Yes}  \text{No} \]
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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7 - 7	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	4/06 Signature Cindy Brunig  Print Name Cindy Brunig

Date:			

Please Print						
			Anna Carlo	CLEARLY		
Amendment No	2-02399	Name	Ma	rilee Sui	shoreba	
Amendment No.		Address	181	g Adams	Street	
Amendment No			M	adison, c	UI 5371	
Amendment No						
Amendment No.						
Please check the appr	opriate boxes:					
Support Oppose Neither Su	ipport Nor Oppose		and	☐ Wish to specify Do not wish ☐ Available to		ons
(If you answered "no of who you represent	ou representing an organiza," STOP; you need not con and go on to the next quest	nplete the res ion)	t of this	form. If you answ	wered "yes," p	☐ No provide the name
Name, address and te	lephone number of each per	rson or organ	ization	you are represent	ing:	
			+ 5.	·		
	or your representation?  part of your other paid duti	es for this pe	rson or	organization?	☐ Yes	□ No
	o," STOP; you need not con					
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	A distribution of the control of the	.3 minu	ites		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 1//14/2006

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

Please Print	
	PLEASE PRINT CLEARLY
Amendment No. 2-02399	Name Margaret L. Jacoby
Amendment No.	Address 748 Chapman
Amendment No.	Madison W/ 537/
Amendment No.	
Amendment No.	
Please check the appropriate boxes:	
☐ Support	and Wish to speak
Oppose	<ul><li></li></ul>
Neither Support Nor Oppose	Available to allower questions
of who you represent and go on to the next question.  Name, address and telephone number of each person	
Are you being paid for your representation?	The second of t
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not comp question.)	s for this person or organization? Yes No Detect the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Configuration Hearing)  Other Jeans	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are l that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 14 Wovember 06

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

Please Print	PLEASE	PRINT CLE	EARLY
Amendment No.		Joh	n Jacoby Chapman Si
Amendment No.	Address	Mag	118m 53711
Amendment No			
(If you answered "no," STOP of who you represent and go o	Nor Oppose enting an organization or a pers you need not complete the res	t of this for	m. If you answered "yes," provide the nam
	our other paid duties for this pe		☐ Yes ☐ No anization? ☐ Yes ☐ No m. If you answered "yes," go on to the nex
Inform	Hearing (Common Council) ation Hearing		

· -	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date:	•		4	· 	0	6	:
		 		-			 _

Dleace Print 1 4 7	흥분 여름 사람 이름날 등록 시발를 불통하다는 일을 받는다
Please Print Agenda# Z	PLEASE PRINT CLEARLY
Amendment No. 02399	Name Deb Archer
Amendment No.	Address GIS E. Walquetten
Amendment No.	Walson
Amendment No.	
Amendment No.	
Please check the appropriate boxes:	
Support	and Wish to speak  Do not wish to speak
<ul><li>☑ Oppose</li><li>☑ Neither Support Nor Oppose</li></ul>	Available to answer questions
At this meeting are you representing an organizati (If you answered "no," STOP; you need not comp	ion or a person other than yourself: $X$ Yes $X$ No plete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next question	
Name, address and telephone number of each personal	son or organization you are representing:
GWUB	
las E Washington	
608 2584944	
Are you being paid for your representation?	⊠ Yes □ No
Are you appearing as part of your other paid dutie (If you answered "no," <b>STOP</b> ; you need not comquestion)	es for this person or organization? Yes No plete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common	一个一个一个人,就是一个人,一个人,这个女子,我们就是一个女子,只要一个人。
Information Hearing	Council) 5 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	-12-06 Signature
	Print Name Down T. Ader

Please Print	
	PLEASE PRINT CLEARLY
Amendment No. 36-Lupport	Name MARIANUE MORTON
Amendment No. 37-oppose	Address 610 SCHILLER CT.
Amendment No. 32-oppose	MADISON W153704
Amendment No. 8 - oppose	
Amendment No. 4 - oppose	일을 하는 것을 들었다. 이 경기를 하는 것으로 보고 있는 것으로 되었다. 그 것이 없는 것이 없다. 
Please check the appropriate boxes:	
Support funding for Welt 19	and Wish to speak  Do not wish to speak
Neither Support Nor Oppose Plant	Available to anavor questions
At this meeting are you representing an organizatio	tion or a person other than yourself: Yes No uplete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next question	
Name, address and telephone number of each person	son or organization you are representing:
Commit	n Wealth Development
1501 /	Lilliamson Street
Madis	n WI 531703 256-3521/ EXTILE
Are you being paid for your representation?	⊠Yes □ No
Are you appearing as part of your other paid duties	es for this person or organization? Yes No
(If you answered "no," <b>STOP</b> ; you need not compaquestion.)	uplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common C Information Hearing	
miolitation dealing	3.00000CS

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information)
Date	11/14/06 Signature Marianne Mortan

Date:	11	14	06	•	
		<b></b>	,	1.7	 

Please Print	PLEASE PRINT CLEARLY
Amendment No. 2-02399  Amendment No. 6 023403  Amendment No. 8, 9 02405,	Name JUKHA ROBINSON  Address ZOOF JENNER ST 53704  OZHOB
Amendment No. 32, 33, 34  Amendment No. 37	02430,0243),02432 02435
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppo	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation	? Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need requestion.)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	ommon Council)5 minutes  ng

· -	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
. • "	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
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Date	Signature
	Print Name

	1/1	11	1 (N	
Date:	17	1000	<u> </u>	<u> </u>

Please Print		PLEASE PRIN	IT CLEARLY	n /	
Amendment No.	2-02399	Name	Ap/10	Herrid.	
Amendment No.	5-02403	Address	7007	1010 te	
Amendment No.	7-02404				
Amendment No.	2 02405				
Amendment No. 2	3,34	62431, 0243	2		
Please check the app	ropriate boxes:				
Support Oppose Neither S	apport Nor Oppos	and se	Do not wi	peak ish to speak to answer ques	stions
(If you answered "no	ou representing an org o," <b>STOP</b> ; you need no t and go on to the next	ganization or a person of complete the rest of the question.)	ther than yourself: his form. If you ar	☐ Yes nswered "yes,"	∏No provide the name
Name, address and to	elephone number of each	ch person or organization	on you are represe	nting:	
Are you being paid f	or your representation	?		☐ Yes	□ No
Are you appearing a (If you answered "ne question)	s part of your other pai o," <b>STOP;</b> you need no	d duties for this person ot complete the rest of t	or organization? this form. If you a	☐ Yes nswered "yes,'	☐ No " go on to the next
Speaking Limits:	Information Hearing	mmon Council) 5 m g 3 m 3 m	inutes		

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: <u>111166</u>

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

Please Print					
		PLEASE PR	INT CLEARLY		
Amendment No	2-02399	Name	SATYA P	HOURS-C	DUM
Amendment No.	6-02403	Address	2642	HOARD	SV
Amendment No.	7-02404				
Amendment No.	802405				
Amendment No.	9 02406				
Please check the appro	32-133 priate boxes:33	02430,02	431		
Support		ar		speak	
<b>Oppose</b>			//=== `	wish to speak ole to answer ques	tions
Neither Sup	pport Nor Oppos	e	∐ Avalia	ote to answer ques	SHOHS
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" <b>STOP;</b> you need not and go on to the next q	t complete the rest o vuestion)	f this form. If you	answered "yes,"	∐ No provide the name
Tullio, dadross and tox					
Are you being paid for	your representation?			☐Yes	□ No
Are you appearing as partial (If you answered "no, question)					☐ No 'go on to the next
Speaking Limits:	Public Hearing (Com		the state of the s		
	Information Hearing				
	Other Items		minutes	医动脉 连续压制	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: Nov. 14 06

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

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	PLEASE PRINT CLEARLY
Amendment No. 2-02399	Name Masami Glines
Amendment No	Name Masami Gelines 02403 Address 2327 Willard Ave. 02405 Madison W253703
Amendment No	02405 Madison WZ 537036
Amendment No33	02431
Amendment No.	
(If you answered "no," STOP; you need not of who you represent and go on to the next	ganization or a person other than yourself: \ \ Yes \ \ No not complete the rest of this form. If you answered "yes," provide the name
Madison - Obihire	o Sisten Cities Inc
Are you being paid for your representation  Are you appearing as part of your other pa  (If you answered "no," STOP; you need to  question)	n? Yes No  aid duties for this person or organization? Yes No  not complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	ommon Council) 5 minutes ng 3 minutes 3 minutes

Are yo	ou an el governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you this fo	answei rm. If ye	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are bei	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Room	103 of t	the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at he City-County Building, Madison, for more information.)  (14,06 Signature Masam Im Kelman
Date -	1000	
		Print Name <u>MASAMI NII GUNES</u>
	M	adison and Obikino just made the official ster cities relationship two neeks aga. There are many possibilities and opportunities for both Cities
	Si	Ster cities relationship two neeter aga There are
	50	many possibilities and opportunities for both 1401
	70	Harn from lack other and flourish together,
	E	liminating the budget of \$10,000 to the whole
	5	ister cities programs (Madison has 12 sister cities)
	ι	vill leave each sister cities program of some
	ı	noney work with.
	+	will leave each sister coties program only scarce noney we don't have enough to function well in the first place. Please Don't away walnable money to make
		Madison internationally forms c

Date: 11/14/06

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

Please Print		PLEASE I	PRINT CLEARLY
Amendment No.	3 support 0240	Name	SHARYL KATO
Amendment No	2 mine	Address	206 EI WINKEQUAL RD
Amendment No			MDD884, W1 53716
Amendment No			
Amendment No.			
Please check the appr	opriate boxes:		
Support Oppose	offeret	2	and Wish to speak  Do not wish to speak
	pport Nor Oppose		Available to answer questions
(If you answered "no	ou representing an organizati "STOP; you need not compand go on to the next question."	plete the rest	on other than yourself: Yes No No t of this form If you answered "yes," provide the name
			ization you are representing:
	y cuto to the		
the Sites	aty to obe	hiso '	Sorgo.
oppor cu	5 to Respec		
Are you being paid for	or your representation?		U Yes √ No
Are you appearing as (If you answered "no question)	part of your other paid dutien," STOP; you need not com	es for this per plete the res	erson or organization?  Yes No St of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing Other Items		3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
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Date	Signature
	Print Name

Date: 11/13/06

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

Please Print		
	2399 PLEAS	SE PRINT CLEARLY
Amendment No. 2 09	Pense Name	Dan Sebald
Amendment No. 6 0	Pose 62463	ss 1553 Adams St HAB
Amendment No. 7-8	33,34 oppose 02405,	Madison WI 53711
Amendment No. 3654	port 02434	
Amendment No.	02431	
	02432	
Please check the appropriat	te boxes:	
☐ Support		and Wish to speak
Oppose		Do not wish to speak
Neither Suppor	rt Nor Oppose	Available to answer questions
At this meeting are you rep	presenting an organization or a pe	erson other than yourself: Yes X No
		rest of this form. If you answered "yes," provide the nam
of who you represent and g	o on to the next question)	
Name, address and telepho	ne number of each person or orga	ganization you are representing:
		기업을 하면 되면 가장 하는데 가면 없었다.
Are you being paid for you	r representation?	☐ Yes ☐ No
And the second and an arrived as a port	of your other paid duties for this	person or organization?
(If you answered "no," SI question)	OP; you need not complete the t	rest of this form. If you answered "yes," go on to the nex
Speaking Limits: Pul	blic Hearing (Common Council).	5 minutes
Inf	ormation Hearing	3 minutes
Otl	ner Items	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
(If you ansv this form. Ij	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign (you answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name

	 A Company of the Comp	 	
T	 A CONTRACTOR OF THE CONTRACTOR		
Date:			
Luic.			4 4

Please Print		PLEASE PR	INT CLEARLY		
Amendment No. 2 Amendment No. 2 Amendment No. 4 Amendment No. 4 Amendment No. 4	ogne 02400 region 02400	Name $f$ Address	Navy Kay 1814 Rut Madisor	Rau (edge S U, WE	M. 7. 53704
Please check the appro	pport Nor Oppose	an	Do not wis Available 1	h to speak to answer quest	
(If you answered "no, of who you represent o	u representing an organizatio "STOP; you need not compland go on to the next question ephone number of each personant.	lete the rest of	this form. If you and		☐ No provide the name
	r your representation?  part of your other paid duties  "STOP; you need not comp			☐ Yes ☐ Yes swered "yes," {	☐ No ☐ No go on to the next
Speaking Limits:	Public Hearing (Common C Information Hearing	3 r	ninutes ninutes ninutes		

· · · · ·	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
	The State of the State of Print Name And State of the Sta

Date:	11/	14	100	٠.	13	5 .	
Date.	166	1 1.	100				
1						-	٠.

Please Print	
	PLEASE PRINT CLEARLY
Amendment No. 2 02399	Name Ryan Spanger
Amendment No. 62403	Address 15 1 Rapford S
Amendment No. 8 V 02405	madison, WI 53706
Amendment No. 34 VO2432	
Amendment No. 37 V02435	
Amendment No.	경영화 등을 통하다. 그 것 같아 등을 보다 하는 것 같아. 사건 경영화 등을 하는 것 같아. 그 것 같아. 그 것 같아.
Please check the appropriate boxes:	
Support	and ☑ Wish to speak ☐ Do not wish to speak
Oppose  Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organizati	
(If you answered "no," <b>STOP;</b> you need not com of who you represent and go on to the next question	plete the rest of this form. If you answered "yes," provide the name on.)
Name, address and telephone number of each personal	son or organization you are representing:
Are you being paid for your representation?	☐ Yes   Vo
	es for this person or organization?
	plete the rest of this form. If you answered "yes," go on to the next
question)	마르는 사람들은 회사 이 경기에 되었다. 그는 것은 사람들이 되었다는 것이 되었다. 현실 사람들은 사람들이 있는 것이 없는 것이 되었다. 그 사람들이 되었다는 것이 되었다.
Speaking Limits: Public Hearing (Common	
Information Hearing Other Items	
Outer recinis	

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name