

Date: 11.14.06

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

You must register before the Council considers your item.

Please Print

PLEASE PRINT CLEARLY

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

Name Daina Zemlauskas-Juozevicius
 Address Dinah Zem-lauskas Yaw zeh vi chus

701 S. Shore Drive
Madison WI 53715

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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

Madison Vilnius Sister Cities, Inc.

Are you being paid for your representation? Yes No

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

Speaking Limits: Public Hearing (Common Council)..... 5 minutes
 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

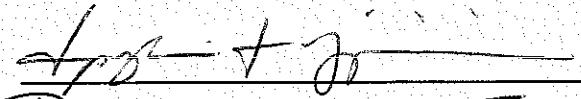
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Date 11.14.06

Signature 

Print Name Dina Zemlauskas-Juozienius

Date: Nov 14 2006

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

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Please Print

PLEASE PRINT CLEARLY

Amendment No.	<u>Z oppose - 02399</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Karen Hendrickson
 Address N1749 Yerges Rd
Peeseville WI 53579

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
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Signature _____

Print Name _____

Date: 11-14-06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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PLEASE PRINT CLEARLY

Amendment No.	<u>21-2399</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Kathy Walsh

Address 566 S Sesoo Rd
Madison WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
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Date _____

Signature _____

Print Name _____

Date: 11/16/06

CITY OF MADISON
Registration Statement - Common Council
2007 OPERATING BUDGET

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Please Print

PLEASE PRINT CLEARLY

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

Name FRANCIS ARFANO
 Address 4809 ELDONADO LN
MADISON 53716

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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

MADISON-MANITOVA SISTER CITY PROGRAM
914 Regent St Madison 222-0747

Are you being paid for your representation? Yes No

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

Speaking Limits: Public Hearing (Common Council)..... 5 minutes
 Information Hearing 3 minutes
 Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 11/14/04

Signature _____

Print Name _____

Date: 11/17/06

CITY OF MADISON
Registration Statement - Common Council
2007 OPERATING BUDGET

You must register before the Council considers your item.

Please Print

PLEASE PRINT CLEARLY

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

Name SABRINA KARL

Address 2423 NORWOOD PL.
MADISON 53726

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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

Are you being paid for your representation? Yes No

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Speaking Limits:

Public Hearing (Common Council)	5 minutes
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 11/17/06

Signature 

Print Name SABRINA L. KARL

Date: 11/14/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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Please Print

PLEASE PRINT CLEARLY

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

Name BRIAN BEUTNER

Address 2423 NORWOOD PL
MADISON, WI 53726

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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Are you being paid for your representation? Yes No

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Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 11/14/06

Signature 
Print Name BRIAN BOUIER

Date: 11/14/06

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

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

Name Michael Iltis

Address 216 Campbell St. #2
Madison, WI

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose**

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

At this meeting are you representing an organization or a person other than yourself: Yes No
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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 11/14/06

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

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

Name Joe Peterangelo
 Address 926 Spaight St #2
Madison, WI 53703

?

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
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REGISTRATION STATEMENT - PAGE 2

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Date 11/14/06

Signature Joseph Peterangelo

Print Name Joseph Peterangelo

Date: 11/14/06

**CITY OF MADISON
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Amendment No.	<u>2-02399</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Cindy Breunig
 Address 1353 Rutledge St
Madison, WI 53703

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
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Date 11/14/06

Signature Cindy Breunig
Print Name Cindy Breunig

Date: _____

**CITY OF MADISON
Registration Statement - Common Council
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Amendment No.	<u>2-02399</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Marilee Sushoreba
 Address 1818 Adams Street
Madison, WI 53711

Please check the appropriate boxes:

- Support**
 Oppose
 Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
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Date _____

Signature _____

Print Name _____

Date: 11/14/2006

**CITY OF MADISON
Registration Statement - Common Council
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Amendment No.	<u>2-02399</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Margaret L. Jacoby
 Address 748 Chapman
Madison, WI 53711

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

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

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Date _____

Signature _____

Print Name _____

Date: 14 November 06

CITY OF MADISON
Registration Statement - Common Council
2007 OPERATING BUDGET

You must register before the Council considers your item.

Please Print

PLEASE PRINT CLEARLY

Amendment No. 2002399

Name John Jacoby

Amendment No. _____

Address 748 Chapman St

Amendment No. _____

Madison 53711

Amendment No. _____

Amendment No. _____

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

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

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Date _____

Signature _____

Print Name _____

Date: 11-14-06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

You must register before the Council considers your item.

Please Print Agenda # 2

PLEASE PRINT CLEARLY

Amendment No.	<u>02399</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Deb Archer
Address 615 E. Washington
Madison

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:
GMAIB
615 E Washington
608 2584944

Are you being paid for your representation? Yes No

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

Speaking Limits: Public Hearing (Common Council).....5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

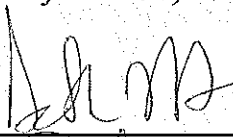
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11-14-06

Signature 

Print Name Deborah T. Arden

Date: 11/14/06

CITY OF MADISON
Registration Statement - Common Council
2007 OPERATING BUDGET

You must register before the Council considers your item.

Please Print

PLEASE PRINT CLEARLY

Amendment No.	<u>36 - support</u>	✓
Amendment No.	<u>37 - oppose</u>	
Amendment No.	<u>32 - oppose</u>	✓
Amendment No.	<u>8 - oppose</u>	✓
Amendment No.	<u>9 - oppose</u>	✓

Name MARIANNE MORTON
 Address 610 SCHILLER CT.
MADISON, WI 53704

Please check the appropriate boxes:

Support funding for Westside Planning Council and Wish to speak
 Oppose future funding for existing Planning Councils Do not wish to speak
 Neither Support Nor Oppose Planning Councils Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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

Common Wealth Development
1501 Williamson Street
Madison, WI 53703 256-3527, EXT. 12

Are you being paid for your representation? Yes No

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

Speaking Limits: Public Hearing (Common Council)..... 5 minutes
 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 11/14/06

Signature Marianne Morton

Print Name MARIANNE MORTON

Date: 11/14/06

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

You must register before the Council considers your item.

Please Print

PLEASE PRINT CLEARLY

Amendment No.	<u>2-02399</u>
Amendment No.	<u>6-02403</u>
Amendment No.	<u>8, 9 02405,</u>
Amendment No.	<u>32, 33, 34</u>
Amendment No.	<u>37</u>

Name JULIA ROBINSON

Address 2007 JENIFER ST 53704

02406

02430, 02431, 02432

02435

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limits:

Public Hearing (Common Council) 5 minutes
Information Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 14 Nov '06

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

You must register before the Council considers your item.

Please Print

PLEASE PRINT CLEARLY

Amendment No.	<u>2 - 02399</u>
Amendment No.	<u>6 - 02403</u>
Amendment No.	<u>7 - 02404</u>
Amendment No.	<u>8 - 02405</u>
Amendment No.	<u>33, 34</u>

Name Steve Harvick
 Address 2007 Jenifer

02431, 02432

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limits: Public Hearing (Common Council)..... 5 minutes
 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

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Date _____

Signature _____

Print Name _____

Date: 11/14/06

CITY OF MADISON
Registration Statement - Common Council
2007 OPERATING BUDGET

You must register before the Council considers your item.

Please Print

PLEASE PRINT CLEARLY

Amendment No.	<u>2-02399</u>
Amendment No.	<u>6-02403</u>
Amendment No.	<u>7 02404</u>
Amendment No.	<u>8 02405</u>
Amendment No.	<u>9 02406</u>

Name SATYA RHODES-COLLUM
 Address 2642 HEARD ST

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

- Support
 Oppose
 Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limits:

Public Hearing (Common Council)	5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

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Date _____

Signature _____

Print Name _____

Date: Nov. 14, 06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

You must register before the Council considers your item.

Please Print

PLEASE PRINT CLEARLY

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

02403
02405
02431

Name Masami Glines
 Address 2327 Willard Ave.
Madison, WI 53704

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:
Madison - Obihiro Sister Cities, Inc.

Are you being paid for your representation? Yes No

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

Speaking Limits:

Public Hearing (Common Council)	5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

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Date Nov. 14, '06

Signature Masami Nii Glines

Print Name MASAMI NII GLINES

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

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

Date: 11/14/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

You must register before the Council considers your item.

Please Print

PLEASE PRINT CLEARLY

Amendment No.	<u>3 support</u>
Amendment No.	<u>2 oppose</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

02400
02399

Name SHARYL KATO

Address 206 E. WINNEQUAH RD
MADISON, WI 53716

Please check the appropriate boxes:

Support *oppose #2*

Oppose

Neither Support Nor Oppose

and Wish to speak

Do not wish to speak

Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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

oppose any cuts to the Sister Cities including
the Sister City to Obihiro, Japan.

oppose cuts to Respect, neighborhood childcare

Are you being paid for your representation? Yes No

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

Speaking Limits:

Public Hearing (Common Council)	5 minutes
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 11/13/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

You must register before the Council considers your item.

Please Print

PLEASE PRINT CLEARLY

Amendment No. <u>2</u> <u>oppose</u> ✓
Amendment No. <u>6</u> <u>oppose</u>
Amendment No. <u>7-8, 33, 34</u> <u>oppose</u>
Amendment No. <u>36</u> <u>support</u>
Amendment No. _____

Name Dan Sebald

Address 1553 Adams St #A#
Madison, WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: _____

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

You must register before the Council considers your item.

Please Print

PLEASE PRINT CLEARLY

Amendment No.	<u>2 oppose</u>
Amendment No.	<u>3 support</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

02399
02400

Name Mary Kay Baum
 Address 1814 Rutledge St.
MADISON, WI 53704

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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Are you being paid for your representation? Yes No

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 Information Hearing 3 minutes
 Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 11/14/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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Please Print

PLEASE PRINT CLEARLY

Amendment No.	<u>2</u> ✓ 02399
Amendment No.	<u>6</u> ✓ 02403
Amendment No.	<u>8</u> ✓ 02405
Amendment No.	<u>34</u> ✓ 02432
Amendment No.	<u>37</u> ✓ 02435

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

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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 Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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