

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>36-02434</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name DAN O'BRIEN

Address 4321 GRANFORD DR  
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:

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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 (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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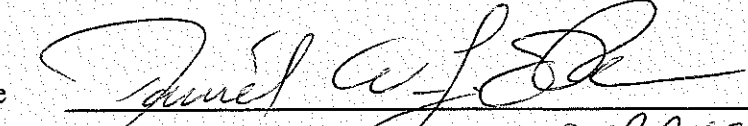
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Date 11/14/06

Signature



Print Name

DANIEL W.C. O'BRIEN

Date: 11/14/06

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Amendment No.	<u>36-02434</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name JULIA KEAR

Address 1620 MADISON ST

\_\_\_\_\_

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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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**CITY OF MADISON  
Registration Statement - Common Council  
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Amendment No.	<u>302 - West Plm</u>
Amendment No.	<u>14 - ve org</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

02439  
5  
02411

Name Marsha Rummel

Address 1339 Rutledge 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**

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Date: \_\_\_\_\_

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Amendment No.	12 - 02409
Amendment No.	36 - 02434
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Ted Voth Jr  
 Address 1146 Williamson #3  
53702

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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 \_\_\_\_\_  
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Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 11/14/06

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Amendment No.	<u>5-2402</u>
Amendment No.	<u>20 02417</u>
Amendment No.	<u>21 02418</u>
Amendment No.	<u>26 02424</u>
Amendment No.	<u>30-02428</u>

Name Lori Nitzel  
 Address 3109 Hermira St  
Madison WI 53714

*continued*  
 13-02410  
 36-02434

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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02399

Amendment No. 2 oppose ✓

Amendment No. 6 oppose

Amendment No. 7, 8, 33, 34 oppose

Amendment No. 36 support

Amendment No. \_\_\_\_\_

02403  
02404  
02405,  
02434  
02431  
02432

Name Dan Sebald

Address 1553 Adams St #A8  
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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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

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Amendment No.	<u>5 02402</u>
Amendment No.	<u>20 02417</u>
Amendment No.	<u>21 02418</u>
Amendment No.	<u>26 02424</u>
Amendment No.	<u>30 02428</u>

Name Michael Goodman  
 Address 2314 Sommers  
Madison 53704

Please check the appropriate boxes: (plus) 36 02434  
+ 13 02410

- Support**
- Oppose**
- Neither Support Nor 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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Amendment No.	<u>136</u> <i>Supp</i>
Amendment No.	<u>13</u> <i>Supp</i>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

02439  
02410

Name Lilly Train-Vick  
 Address 1321 E Mufflin  
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**

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Name, address and telephone number of each person or organization you are representing:  
1321 E Mufflin - EINPC

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Signature \_\_\_\_\_

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Date: \_\_\_\_\_

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Amendment No.	34 - NO /
Amendment No.	36 - YES /
Amendment No.	37 - NO /
Amendment No.	_____
Amendment No.	_____

02432  
02434  
02435

Name Mike Bastford  
Address 1917 Schlimgen 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

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Amendment No.	<u>30-02428</u>
Amendment No.	<u>31-02429</u>
Amendment No.	<u>32-02430</u>
Amendment No.	<u>36-02434</u>
Amendment No.	<u>10, 28</u> — 02426

Name Julie Spears  
 Address 812 Juniper St.  
Madison, WI 53703

02407

Please check the appropriate boxes:

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

- and
- Wish to speak
  - Do not wish to speak
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CITY OF MADISON  
Registration Statement - Common Council  
2007 OPERATING BUDGET

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Amendment No. <u>#32</u>	<u>Oppose</u>	Name <u>SATYA RHODES - CONWAY</u>
Amendment No. <u>#36</u>	<u>Support</u>	Address <u>2042 HOARD ST. 1</u>
Amendment No. <u>#37</u>	<u>Oppose</u>	
Amendment No. <u>#13</u>	<u>Support</u>	<u>02410</u>
Amendment No. _____		

Please check the appropriate boxes:

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- Oppose
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- and
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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?

*(Please go to the City Clerk's website [www.cityofmadison.com/clerk/index.html](http://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 \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_