

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>34-02432</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Kellee Hanson
 Address 6106 Thornebury Dr
Madison WI 53719

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:

ARC Community Services/Respect Program
825 E Johnson
Madison WI

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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(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 _____

Signature _____

Print Name _____

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Amendment No.	<u>34-02432</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name SHIRA PHELPS

Address 1342 JENIFER #1
MAD, 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
(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:

Project Respect

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.)

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Amendment No.	34-02432
Amendment No.	
Amendment No.	
Amendment No.	
Amendment No.	

Name Leslie Meier
 Address 6621 Husband Ave.
Middleton, WI 53562

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:
832 E. JOHNSON ST
MADISON, WI
Respect #608-283-6435

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

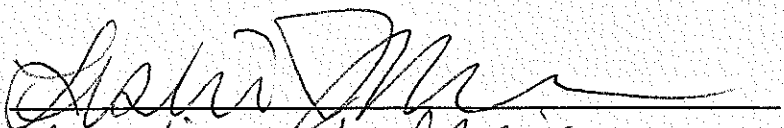
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Date 11-14-06

Signature 
Print Name Leslie K. Meier

Date: _____

**CITY OF MADISON
Registration Statement - Common Council
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Amendment No.	<u>34-02432</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Cheri Krueger
 Address 11 CINDA CT
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:

Respect
832 E. JOHNSON
283-6435

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.)

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Signature _____

Print Name _____

Date: 11/14/06

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Amendment No.	<u>34-02432</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Tan Miyasaki
 Address 2830 Stevens St.
Madison, WI 53705

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:

Project Respect, 832 E Johnson St, Madison
53705

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

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REGISTRATION STATEMENT - PAGE 2

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Date 11/14/08 Signature [Handwritten Signature]
Print Name [Handwritten Name]

Date: 11.14.06

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

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Amendment No.	<u>34-02432</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name YASMIN HORTON

Address _____

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:

Project Respect 832 E Johnson 608-283-6435

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.)

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Public Hearing (Common Council)..... 5 minutes

Information Hearing..... 3 minutes

Other Items..... 3 minutes

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Date 11.14.06

Signature *Yasmin Horton*
Print Name Yasmin Horton

Date: Nov. 2006

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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Amendment No.	<u>34-02432</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name ROBEN RICKMAN

Address 2617 Pleasant Ridge
Madison WI 53713

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:

Project Respect 825 E Johnson
283-6435
Madison WI

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.)

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Signature _____

Print Name _____

Date: _____

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Amendment No.	<u>34-02432</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Angie Warkham
 Address 144 Proudfoot St.
Madison, WI
53715

Please check the appropriate boxes:

- Support** Support Program
 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:

Respect Project
825 E. Johnson
Madison, WI

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.)

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(SEE BACK)

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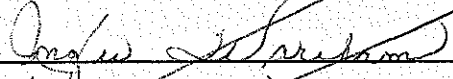
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Date 11-14-06

Signature  -NA
Print Name Arnie Wackerham

Date: 11/14/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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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 Redford 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
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Amendment No.	<u>34-02432</u>
Amendment No.	<u>32-02430</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Arathi Premkumar
 Address 830 N. Carroll St, apt. 304
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

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Amendment No.	<u>32-02430</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Francie Rosenthal Phelps
Address 1114 E Dayton 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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Signature _____

Print Name _____

Date: 14 Nov '06

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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

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Amendment No.	<u>6-oppose</u>
Amendment No.	<u>8-oppose</u>
Amendment No.	<u>33-oppose</u>
Amendment No.	<u>OR signed</u>
Amendment No.	<u>36-support</u>

Name Lisa Subeck
 Address 818 S. Common Rd #4
Madison 53719

~~22-oppose~~
 10-support
 13-support
 30-support
 31-support
 32-oppose
 34-oppose

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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 (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 _____

Signature _____

Print Name _____

Date: 11/14/06

CITY OF MADISON
Registration Statement - Common Council
2007 OPERATING BUDGET

oppose

You must register before the Council considers your item.

Please Print

PLEASE PRINT CLEARLY

Amendment No.	<u>4, 6, 7, 8</u>
Amendment No.	<u>32, 33, 34</u>
Amendment No.	_____
Amendment No.	<u>5, 10, 20, 40</u>
Amendment No.	<u>21, 25, 26, 28</u>

Name Hedell Zellers
 Address 510 N. Carroll St

Support

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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Information Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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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>17</u> / <u>02404</u>
Amendment No.	<u>13</u> / <u>02410</u>
Amendment No.	<u>32</u> / <u>02430</u>
Amendment No.	<u>33</u> / <u>02431</u>
Amendment No.	<u>34</u> / <u>02432</u>

Name ROSEMARY LEE

Address 111 W WILSON ST
MADISON 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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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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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>6-023403</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

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Information Hearing..... 3 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

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 #A B
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: _____

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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Please Print

PLEASE PRINT CLEARLY

Amendment No.	<u>34 - NO /</u>
Amendment No.	<u>36 - YES /</u>
Amendment No.	<u>37 - NO /</u>
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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