

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>37-02435</u>
Amendment No.	<u>6-02403</u>
Amendment No.	_____
Amendment No.	_____
Amendment No.	_____

Name Kelly Joan-Vitka  
 Address 1321 E Mufflin St Swatara  
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:

ZINPC - 1321 E Mufflin St 53703

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

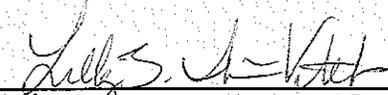
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Date 11/14/06

Signature   
Print Name Lullie B. Irons-Ritch

Date: 14 Nov '06

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

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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 Harvid  
 Address 2007 Jenite

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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Signature \_\_\_\_\_

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

Date: 11/14/06

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2007 OPERATING BUDGET

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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>9-02406</u>

Name SATYA RHODES-CORNUM  
 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

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

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Signature \_\_\_\_\_

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

Date: Nov. 14, 06

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Registration Statement - Common Council  
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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>33</u> 02431
Amendment No.	_____

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.

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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.)

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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 <sup>or so</sup> sister cities) will leave each sister cities program only scarce money <sup>to work with.</sup> We don't have enough to function well in the first place. <sup>please</sup> Don't away valuable money to make Madison internationally - famous - friendly city.

Date: 11/13/06

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02399

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. _____

02403  
02404  
02405  
02434  
02431  
02432

Name Dan Sebald  
Address 1553 Adams St HAB  
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

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Signature \_\_\_\_\_

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

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Amendment No.	<u>6 - 02403</u>
Amendment No.	<u>8 02405</u>
Amendment No.	<u>9 02406</u>
Amendment No.	<u>32</u>
Amendment No.	<u>37</u>

02430  
02435

Name Michael Goodman  
 Address 2314 Sommers  
Madison 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  
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Signature \_\_\_\_\_

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

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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

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Signature \_\_\_\_\_

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

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

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Amendment No.	<u>6-02403</u>
Amendment No.	<u>8-02405</u>
Amendment No.	<u>9-02406</u>
Amendment No.	<u>12-02409</u>
Amendment No.	<u>18-02415</u>

Name Lori Nitzel  
 Address 3109 Hermina St.  
Madison WI 53714

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 \_\_\_\_\_

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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>22-oppose</u>
Amendment No.	<u>36-support</u>

Name Lisa Subeck  
 Address 818 S. Common Rd #2  
Madison 53719

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

Please check the appropriate boxes:

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

- and
- Wish to speak**
  - Do not wish to speak**
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*oppose*

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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:

- |   |     |  |
|---|-----|--|
| <input type="checkbox"/> Support                    | and | <input type="checkbox"/> Wish to speak                   |
| <input type="checkbox"/> Oppose                     |     | <input checked="" type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Neither Support Nor Oppose |     | <input type="checkbox"/> Available to answer questions   |

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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