

Date: 8 - 6 - 13

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common Council COMMITTEE
Please Print	COMMITTEE
	PLEASE PRINT NAME CLEARLY
	Name RICKY ImHOFF
Agenda No. 3. 91. 92	Address 5409 NORMA Rd.
	McEARLAND WI.
Please check one:	AND Please check:
Support	Do not wish to speak
Oppose	
Neither Support Nor Op	ppose
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
	MANISON INC
REC CONE OF	TYCHOLON LINE
Are you being paid for your representation?	? Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

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? [If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 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. Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying. [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.)						
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Room 103 of the City-County Building, Madison, for more information.) Date Signature Signature	3.					
	Date <u>\$</u>	6/13	<u> </u>	Rocky Imports		



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	Common Council	
Please Print		
riease rimit	PLEASE PRINT NAME CLEARLY	
	Name RYAN HOELKER	
Agenda No. 5/41, 42	Address 8013 STARR GRASS DR	
·	MADISON, WI 53719	
Please check one:	AND Please check:	
Support	Do not wish to speak	
Oppose		
Neither Support Nor Opp	pose	
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que Name, address and telephone number of each		ıme
RED ZiNG OF MADISON,	INC	-
Are you being paid for your representation?	☐ Yes ☐ No	
Are you appearing as part of your other paid d (If you answered "no," STOP; you need not a question.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the ne	ext
Information Hearing	mon Council) 5 minutes 	

REGISTRATION STATEMENT - PAGE 2

Are you an el other governm	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answer this form. If yo	red "yes" to the question, STOP. 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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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3.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.
(Please go to Room 103 of ti	the City Clerk's website www.citvofmadison.com/clerk/index.html or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date <u>8/</u> (Signature
	Print Name Ryav HOELKEL

Date: 8-6-8



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	- Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 5 41, 42	Name Address
Please check one:	AND Please check:
Support AVAILABLE Oppose	Do not wish to speak VEA Q VESTOONS
☐ Neither Support Nor O	ppose
(If you answered "no," STOP ; you need no of who you represent and go on to the next Name, address and telephone number of each	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name transfer. ach person or organization you are representing:
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 no question.)	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 Hearin	mmon Council)5 minutes g3 minutes3 minutes

REGISTRATION STATEMENT - PAGE 2

	elected official or emplo mental body?	yee who is appear	ing solely on behalf o	f your office o	or for you Yes	ur municipality or No
(If you answ this form. If	ered "yes" to the questi you answered "no" to t	on, STOP. You ne he question, go on	ed not complete the re to the next question.)	st of this form,	, except i	that you must sign
If you are bothat:	eing paid for your repr	esentation, or if yo	our appearance is part	of other paid	duties,	please be advised
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(Please go Room 103 oj	to the City Clerk's we the City-County Buildi	bsite <u>www.cityofn</u> ng, Madison, for n	nadison.com/clerk/ind nore information.)	ex.html or go	to the	Clerk's Office at
Date	613	Signature	Alfre	M. filimon	and the second time.	
		Print Name	ATTY RIG	Der	R/	