

Date: 6-5-07

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>31</u> <u>06354</u>

Name Garry Bunz

Address 5105 West Taylor Road
Madison WI

Please check the appropriate boxes:

Support

Wish to speak

Do not wish to speak

Available to answer questions

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
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," 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 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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

*(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, do you understand that:

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3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 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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PRINT NAME CLEARLY

 Agenda No. <u>GLASSA Beer Resubm 31</u> <u>06354</u>
--

Name Sajjan Shrestha

Address 2301 Commerlow Ave
Madison WI 53704

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- 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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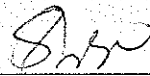
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Date 06/05/07

Signature 

Print Name Sajjan K. Shrestha

Date: 6/5/7

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Agenda No. <u>06354</u> <u>06354</u>	<u>31</u>
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Name CHRISTIAN HERRIOT

Address 6947 MIDTOWN RD #2
MADISON WI 53719

Please check the appropriate boxes:

- Support** *I AM IN SUPPORT*
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- 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
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

FRANKOIS OR CO.

128 W. MAIN ST.

BELLEVILLE, WI 53708

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.....	5 minutes
	Information Hearing.....	5 minutes
	Other Items.....	3 minutes

(See Back)

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Agenda No. <u>31</u> <u>06354</u>

Name ATTY RICK PETRI

Address 2 E. MIFFLIN ST

Please check the appropriate boxes:

- Support** RENEWALS
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose** CONDITIONS
- 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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Name, address and telephone number of each person or organization you are representing:

KEESY - WILLIAMSON OIL CO.

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Agenda No. <u>31</u>
<u>06354</u>

Name STEVE WHEELER

Address 9869 HIGHLAND CIRCLE
MILWAUKEE, WI 53562

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
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Name Mike Frank

Address 4918 Fond Du Lac Tr
Madison W. 53705

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
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