



Date: 3 16 10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 3

Name Randy Theis
Address 1101 Mineral pt rd
Verona WI

Please check the appropriate box:

Please check the appropriate box:

- Support *Program*
- Oppose *ASSESSMENTS*
- Neither Support Nor Oppose

AND

- Wish to speak

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

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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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. 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 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information)

Date _____

Signature _____

Print Name _____



Date: Mar 16

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 3

Name Laverne Theis
Address 8821 Mineral Pt Rd
Verona Wis 53593

Please check the appropriate box:

Please check the appropriate box:

Support

AND

Wish to speak

Oppose *assessment*

Neither Support Nor Oppose

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Print Name _____



Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

#3	17560
Agenda No.	_____

Name Buck Sweeney

Address Axley Baynells

Please check the appropriate box:

Please check the appropriate box:

- Support *Program*
- Oppose *Assessment*
- Neither Support Nor Oppose

AND

- Wish to speak

At this meeting are you representing an organization or a person other than yourself? Yes No
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Theis Farms

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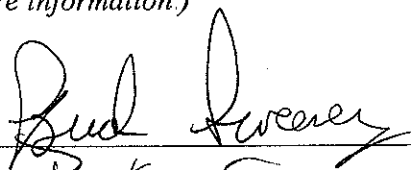
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Date 3-16-10

Signature



Print Name

Buck Sweeney



Date: 2/16/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 3

Name KAREN THEIS

Address 6505 OLD SAUK RD.
MADISON WI 53705

Please check the appropriate box:

Please check the appropriate box:

Support *program*

AND

Do not wish to speak

Oppose *assessment*

Neither Support Nor Oppose

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