

32560

Date: 1-7-14



WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 6

PLEASE PRINT NAME CLEARLY

Name THERESA DRINKA
Address 1202 GILBERT RD
MADISON

Please check one:

AND

Please check:

Support

Oppose

Neither Support Nor Oppose

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

*(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. 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: 1-7-14

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 6

Name Dawn Hildebrand
Address 1134 Gilbert Rd
Madison WI 53711

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- 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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Signature _____

Print Name _____



Date: _____

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 6

Name TERRY MOEN
Address 1129 GILBERT RD
MADISON WI 53711

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- 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.)

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Signature _____

Print Name _____



Date: _____

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 604

Name DAVID NELSEN
Address 1520 RED OAK CT
MIDDLETON, WI

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- 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:
RUEDEBUSCH DEV. & CONST. 4605 DOVE TAIL DR 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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Date 1/7/14

Signature



Print Name

DAVID NELSON



Date: 1/7/14

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Agenda No. 0

PLEASE PRINT CLEARLY

Name LARRY D NELSON

Address 1500 CARVER DR.

Please check one:

AND

Please check:

Support

Oppose

Neither Support Nor Oppose

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:

ORCAARD RIDGE NEIGHBORHOOD ASSO.

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
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Print Name _____