

Date: 3 16 10

WISH TO SPEAK FORM

CITY OF MADISON

Registration	on Statement	Common C	ouncil		
Please Print				AME CLEARLY	
Agenda No		Name _ Address _	Rani aloi Vero	dy Theis Mineral potral ina Wi	
Please check the app	ropriate box:		Pleas	se check the appropriate box:	
✓ Support /✓ Oppose	Oppose Assesments	AND	X	Wish to speak	
	upport Nor Opp	ose			
(If you answered "no, of who you represent o		complete the rest estion)	of this form	yourself: Yes No If you answered "yes," provide re representing:	
Are you being paid for	your representation?			Yes No)
	part of your other paid of "STOP; you need not o			ization?	
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items				

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	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:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
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?			
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)			
Date	Signature			
	Print Name			



Date: _	mar 16
---------	--------

WISH TO SPEAK FORM

CITY OF MADISON

Registrat	tion Statement	Common Council COMMITTEE
Please Print Agenda No. 3		PLEASE PRINT NAME CLEARLY Name Loverne Theis Address 8821 Mineral Pt Rd Verong Wis 53593
Please check the ap	propriate box:	Please check the appropriate box:
✓ Support✓ Oppose	ossesment	AND Wish to speak
(If you answered "no of who you represen	o," STOP; you need not t and go on to the next q	anization or a person other than yourself: Yes No of complete the rest of this form. If you answered "yes," provide the name question.) The person or organization you are representing:
Are you appearing a	for your representation?	d duties for this person or organization?
(If you answered "n question)	o," STOP; you need no	ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)				
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised				
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 Room 103 d	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				



Date:	

WISH TO SPEAK FORM

CITY OF MADISON

Registrat	tion Statement -	Common	Council			
Please Print		COMMITTEE				
1 10450 1 11119			E PRINT NA			
士3 Agenda No.	1560	Name Address	E Buc Axl	K Si	weener	
Please check the ap			Plea	ise check th	e appropriat	e box:
SupportOppose	Program Assessment	AND		Wish 1	to speak	
	Support Nor Op	pose				
(If you answered "no	you representing an orga o," STOP; you need no t and go on to the next o	ot complete the re			Yes vered "yes,"	☐ No provide the name
Name, address and to	elephone number of eac	-	nization you a	-	_	
Are you being paid f	for your representation?	,			4 Yes	□ No
	s part of your other paid o," STOP; you need no				Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	5	3 minutes			

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
		ed "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)			
If you that:	are beir	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
	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?			
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)			
Date _	3-,	Signature Such Sweener Print Name Buck Sweener			



Date: 4/6/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	Common Co	uncil		
Please Print		PLEASE F	PRINT NAME CLE	ARLY	
		Name	KARTU	74519	
Agenda No. 🍣		Address	KAREN 6505 046	SAUK RI	6 .
			MODISON	W 597	65
Please check the ap	opropriate box:		Please check th		
Support Oppose	program	AND	Do no	t wish to	o speak
	Support Nor Op	ppose			
(If you answered "n of who you represer	you representing an org to," STOP ; you need no at and go on to the next	ot complete the rest of question)	this form. If you ans	wered "yes,"	
Tvame, address and	telephone number of ea	on person of organiza	non you are represent	····g•	
Are you being paid	for your representation?	2		☐ Yes	□ No
	as part of your other paid of the second of			☐ Yes wered "yes,'	□ No " go on to the next
Speaking Limits:	Information Hearing	mmon Council) 5 g 3	minutes		

in and the life that are being in	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are l that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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?
• • • • • • • • • • • • • • • • • • •	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name