20423



DO NOT WISH TO SPEAK FORM

Date:

CITY OF MADISON

Registration Statement	- Common Council	
Please Print	PLEASE PRINT NAME CLEARLY	
Agenda No. <u>36</u>	Name Mary Kay Clark Address 5775 Co. Rd. D Ocegon, WI	
Please check one:	AND Please check:	
Support	Do not wish to speak	
Oppose		
Neither Support Nor O	ppose	
At this meeting are you representing an organization (If you answered "no," STOP; you need no of who you represent and go on to the next	rganization or a person other than yourself: \(\sum \sum \) Yes \(\sum \) No not complete the rest of this form. If you answered "yes," provide the nate question.)	ıme
Name, address and telephone number of ea	each person or organization you are representing:	
TOP-Taylors One 4522 Verora Rd. Madisn, Wi	e Priq	
4522 Verora Rd.		
Madism, Wi		
Are you being paid for your representation		
Are you appearing as part of your other pa (If you answered "no," STOP; you need no question.)	aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the n	ıext
Information Hearin	ommon Council)5 minutes ng3 minutes	

(SEE BACK)

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 beithat:	ing 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 to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date	Signature			
	Print Name			

Date: // /30//6



CITY OF MADISON

Registration Statement -	Common Committee	ouncil
	PLEASE	PRINT CLEARLY
2/	Name	May Kay Clark 5775 Co. Rd D
Agenda No	Address _	
	-	aregon, WIS3575
Please check one:	AND	Please check:
Support		Available to answer
Oppose		questions
Neither Support Nor Opp	pose	
of who you represent and go on to the next qu	complete the rest of uestion.)	f this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organiza	ntion you are representing:
Taylor's One Price 4522 Verana Rd Madison, WI	100	
4522 Verana Rd	**************************************	
Madism WI		
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 not question.)		on or organization?
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	minutes

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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			
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	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// /	Signature Say Clark Print Name May Kung Clark			



AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registra	tion Statement -	Common Cor COMMITTEE	uncil	
Agenda No	36	Name	RINT CLEARLY 19NA SM 329 GlACIEA Madison, U	CHILDr#3
Please check	one:	AND	Please check	:
Support Oppose	;		Available question	e to answer s
	Support Nor Op	pose		·
(If you answered "n of who you represen	you representing an organo," STOP; you need not at and go on to the next quelephone number of each	t complete the rest of question.)	this form. If you answe	Yes Wo red "yes," provide the name
	for your representation?	duties for this person	or organization?	☐ Yes ☐ No
Are you appearing a (If you answered "n question.)	s part of your other paid o," STOP; you need not	t complete the rest of	this form. If you answe	red "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 m	inutes	

Are you an ele	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental 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 that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			

Date:	p.,	
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AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registrat	ion Statement -	Common Cou	ncil	· · · · · · · · · · · · · · · · · · ·	
		PLEASE PR	RINT CLEARLY		
Agenda No. 3	<u>le</u>	Name V	ERNON TA 150 ANTON HELLBURG	y LOR UDr WI	#206 53711
Please check o	ne:	AND	Please chec	k:	,
Support		·	Availab	ole to ans	wer
Oppose			questio	ns	
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an orga o," STOP; you need not and go on to the next quellephone number of eac	t complete the rest of th nuestion.)	his form. If you answ		No provide the name
Are you being paid for	or your representation?			Yes Yes	☐ No
	part of your other paid," STOP; you need not			Yes Yes vered "yes,"	No go on to the next
Speaking Limits:	- •	ımon Council)5 mi 3 mi 3 mi	nutes		

_		ected official or employee who is appearing solely on behalf of your office or for your municipality or lental 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 a that:	ire beir	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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. :	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