



Date: 12 · /3- / /

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	COMMITTEE	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. 60	NameAddress	PAVID DANJELSON 5 BLUEBIRD CT MADISON WI 53711
Please check one:	AND	Please check:
Support	,	Wish to Speak
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of	anization or a person to complete the rest o	other than yourself: \ \ Yes \ \ No \ f this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organiza	
FRUGAL MUS 1193 N. SHER	E BOOKS	
1193 N. SHER		•
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 no question.)		on or organization? Yes No If this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	3	minutes

REGISTRATION STATEMENT - PAGE 2

Are you an elother government	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
	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 be that:	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: $\frac{|2|/3|200|}{}$

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	Common C	Council
Please Print	OOMANTTEE	
1 icase 1 time	PLEASE	PRINT NAME CLEARLY
	Name	Andy Skwierawski Two Plazaeast - swife 1250
Agenda No	Address	Two Plaza east - suite 1250
		Milw WI 5320Z
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		,
Neither Support Nor Op	pose	
of who you represent and go on to the next q	t complete the rest uestion.)	t of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organi	
Half Price Books		Half Price Books
626 5 Whitney Wa	4	Half Price Books 4250 E. Town Blid Madison 53704
537	The second secon	· Madison 53704
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 no question.)	duties for this per t complete the res	rson or organization? Yes No to this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items		.3 minutes

REGISTRATION STATEMENT - PAGE 2

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
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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 all City-County Building, Madison, for more information.)
Date _	12/1	3/201/ Signature
		Print Name Andy Sloviera Shy



WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	COMMITTEE	Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No. 60 Legistar Nov 23785	Name _ Address _	Tim Elvermen 704 N. Milwanker St. Milwanker WI 53202
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		y
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality and the standards and telephone number of each away when we have the standards and telephone number of each away when we have the standards and telephone number of each away when the standards are the standards and telephone number of each away when the standards are the standards and telephone number of each away when the standards are the standards are the standards and the standards are the	t complete the rest of nuestion.) h person or organiz	of this form. If you answered "yes," provide the name zation you are representing:
181 River Ridge		
Burnsville, MN.		
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.)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	3 minutes

REGISTRATION STATEMENT - PAGE 2

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Date _.	Military and Alexander	Signature Print Name Timothy J. Elverman