

REGISTRATION OF LOBBYIST

For Use In 2006

Return to Office of the City Clerk, 210 Martin Luther King, Jr. Blvd, Room 103, Madison, WI 53703-3342

Section 1 -- Identification of Lobbyist

"Lobbyist" means any person paid to influence administrative or legislative action.

BARRY Last Name PATRICK First Name PRESIDENT/OWNER Title

PO Box 7834
Mailing Address

MADISON City WI State 53707 Zip Code

6372 COPPS AVE MONONA WI 53716
Business Address (if different)

608-224-1877
Contact Phone

608-224-1878
Contact FAX

PATBARRY@TDS.NET
Contact E-mail Address

Internet Address

Person to whom correspondence should be sent (if different from above)

Last Name First Name

Firm or Organization Name

Mailing Address

City State Zip Code

Phone FAX E-mail Address

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RECEIVED CITY CLERK'S OFFICE
MADISON

Section II -- Nature and Interest of Principal

Speciality Services of WI
Name of Principal

Designated Representative of Principal:

BARRY PATRICK PRESIDENT
Last Name First Name Title

PO BOX 7834
Mailing Address

MADISON WI 53707
City State Zip Code

6372 COPPS AVE MONONA WI 53716
Business Address (if different)

608-224-1877
Contact Phone

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Internet Address

Check one of the following and complete only that section:

Business Entity

COMMERCIAL CLEANING
Describe the business activity in which the entity is engaged

Chief Executive Officer: _____
Last First Title

If partnership or limited liability company, check here and attach list of partners/members.

Industry, Trade or Professional Association

Describe the industry, trade or profession including any segment thereof which the association exclusively or primarily represents

Chief Executive Officer: _____
Last First Title

Approximate number of members: _____

Other Not for Profit

Labor Union

Charitable/Religious/Civic, etc.

Other

Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents

Describe any industry, trade, profession, or group with a common interest which the organization primarily represents or from which the organization's membership or financial support is primarily derived

Approximate number of members: _____

Individual

Name and address of the individual's employer, if any, or of the individual's primary place of business, if self-employed

Describe the business activity in which the individual or the individual's employer is engaged

Section III -- Areas of Lobbying

Provide a reasonably specific narrative summary of areas of legislative and administrative action the principal may attempt to influence:

SICK LEAVE PROPOSAL

List the City agencies in which the principal seek to influence administration action:

All None Agencies listed below

Identify the proposed legislative or administrative action in connection with which the principal has made or intends to make a lobbying communication before December 31.

1 Item: *SICK LEAVE*

a How will this item affect the principal's business or other activity?

IT WILL NEGATIVELY IMPACT

b. Which industry, trade, profession or segment or portion thereof would be principally affected?

c. If the item is an appropriation, please identify the City program or person for which the appropriation is proposed and the approximate amount, if you know the amount

For additional items, attach additional sheets.

2. If lobbying communication relates to the capital or operating budget, identify topic or topics

CAPITAL BUDGET

OPERATING BUDGET

_____	topic	_____	topic
_____	topic	_____	topic
_____	topic	_____	topic
_____	topic	_____	topic
_____	topic	_____	topic
_____	topic	_____	topic

Section IV - Authorization of Lobbyists

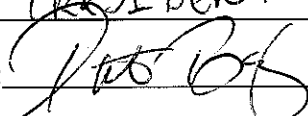
As a designated representative of the Principal, the Lobbyist named above is hereby authorized to lobby on behalf of the Principal.

- The lobbyist is an employee of the Principal
- The lobbyist is also authorized to file expense reports or other filings on behalf of the Principal.

Dated: 2-22-06

Name: PAT BARRY

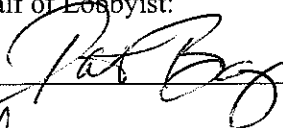
Position: PRESIDENT

Signature: 

Section V -- Certification

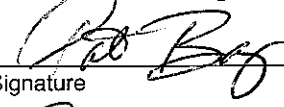
I certify that the above is true and correct to the best of my knowledge, information and belief, and that I am the registrant or an authorized designee. I understand that I am subject to a forfeiture if I know or believe any of the above information not to be true

On Behalf of Lobbyist:

Signature		Title	PRESIDENT
Type or print name as signed above	PAT BARRY	Date	2-22-06

Address & Telephone (if different from first page of this form)

On Behalf of Principal:

Signature		Title	PRESIDENT
Type or print name as signed above	PAT BARRY	Date	2-22-06

Address & Telephone (if different from first page of this form)