

24795
24794

Date: 12/21/11

City of Madison
Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>10+13</u> Required – Can be obtained from agenda on registration table.

Name Michael Tierf
 Address 624 University Ave
Madison WI 53715

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:
Segredo 624 University Ave 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.)

Speaking Limits: Public Hearing..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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, do you understand that:


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3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 12/21/11

Signature

Print Name


Michael H. Field

Date: Dec 21, 2011

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

10
Agenda No. <u>24795</u>
<i>Required – Can be obtained from agenda on registration table.</i>

Name Nina Emerson
 Address 137 S. Buntingham Place
Madison 53715

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Name, address and telephone number of each person or organization you are representing:

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(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 12/21/2011

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u># 10</u> <i>Required – Can be obtained from agenda on registration table.</i>
--

Name Andrew Schneider
 Address PO Box 260319
Madison 53726

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
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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
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Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....5 minutes
 Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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Signature _____

Print Name _____

Date: 12/21/2011

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u># 13</u> Required – Can be obtained from agenda on registration table.
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Name A. Schneider

Address PO Box 260319
Madison 53726

Please check the appropriate boxes:

Support

Wish to speak

Do not wish to speak

Available to answer questions

Oppose

Wish to speak

Do not wish to speak

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," 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.)

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 Information Hearing..... 5 minutes
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(See Back)

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Date _____

Signature _____

Print Name _____

Date: 12-22-11

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u>10 + 13</u> <u>Required</u> – Can be obtained from agenda on registration table.
--

Name ROSEMARY LEE
 Address 111 W WILSON
53903

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - 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," 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
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Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: _____

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u>10 and 13</u> Required – Can be obtained from agenda on registration table.

Name Jeff Maurer

Address 703 University Ave,
Madison, WI

Please check the appropriate boxes:

- | | | | |
|-------------------------------------|-------------------------------|--------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | Support | <input type="checkbox"/> | Oppose |
| <input checked="" type="checkbox"/> | Wish to speak | <input type="checkbox"/> | Wish to speak |
| <input type="checkbox"/> | Do not wish to speak | <input type="checkbox"/> | Do not wish to speak |
| <input type="checkbox"/> | Available to answer questions | <input type="checkbox"/> | 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," 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: 2/21/11

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>10 B</u> Required – Can be obtained from agenda on registration table.
--

Name Shayo Miller
 Address 624 University Avenue

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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Name, address and telephone number of each person or organization you are representing:
Segredo Madison 624 University Ave

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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(See Back)

Registration Statement - Page 2

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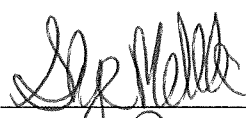
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date 12/21/11

Signature 
Print Name Emayne Miller