

Date: 5-18-11

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. 30 + ~~20~~
Required – Can be obtained from agenda on registration table.

Name Joseph Johnson
Address 917 Northport Dr
Madison, WI 53704

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.)

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

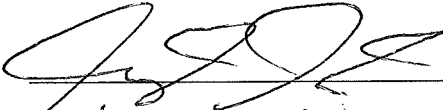
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
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 5-18-11

Signature 
Print Name Joseph J. Johnson

Date: 5-18-11

City of Madison Registration Statement – Alcohol License Review Committee

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Agenda No. <u>30</u> <i>Required – Can be obtained from agenda on registration table.</i>
--

Name KENN ROENZ
 Address 7611 E CITY RD A
JANESVILLE, WI 53546

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
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(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 5/18/11

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u>30</u> Required – Can be obtained from agenda on registration table.

Name Dale Wells
 Address 138 N. Pardee St
Marshall Wis 53559

Please check the appropriate boxes: ²²⁰⁸⁹
₂₁₈₅₆

- 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:
My Buddies LLC

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
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(See Back)

Registration Statement - Page 2

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Date 5/18/11

Signature Dale A. Wells
Print Name Dale A. Wells

Date: 5/18/11

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u>3D</u> Required – Can be obtained from agenda on registration table.

Name April Weis
 Address 12455 Kessler Rd.
Janesville WI 53548

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:

My Buddies
4325 Lien Rd
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.)

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(See Back)

Registration Statement - Page 2

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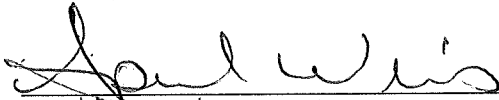
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Date 5-18/11

Signature 
Print Name April Weis

Date: MAY 18, 2011

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u>30</u> Required – Can be obtained from agenda on registration table.
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Name AMANDA ALTENBERGER,
 Address 5312 LAKE MENNODIA DR
MADISON, WI. 53705

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 5/18/11

Signature *Amanda Altenberger*
Print Name AMANDA ALTENBERGER

Date: 5-18-11

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

<p>Agenda No. <u>30</u></p> <p><u>Required</u> – Can be obtained from agenda on registration table.</p>

Name Heather Reed

Address 10 Kings Mill Circle
Madison WI

Please check the appropriate boxes:

- | | | | |
|-------------------------------------|-------------------------------|--------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | Support | <input type="checkbox"/> | Oppose |
| <input type="checkbox"/> | Wish to speak | <input type="checkbox"/> | Wish to speak |
| <input checked="" 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:

My Buddies Mc Inn Rd 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
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(See Back)

Registration Statement - Page 2

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Date 5-18-2011 Signature Heather Reed
Print Name Heather Reed

Date: 5-18-11

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

<p>Agenda No. <u>30 + 25</u></p> <p><u>Required</u> – Can be obtained from agenda on registration table.</p>
--

Name Tonya Reed

Address 3509 Home Ave
Madison WI 53714

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:

My buddies

4325 Lien Rd 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

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Date 5-18-11

Signature 

Print Name Tanya Reed

Date: 5-18-11

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>30 + 80</u> Required – Can be obtained from agenda on registration table.

Name Chuck McAfferty
 Address 443 Woodview Dr
San Prairie, WI

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:

B.H.F. - Badger Honor flights

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
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(See Back)

Registration Statement - Page 2

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Date 5-18-11

Signature

Chuck McAfferty

Print Name

CHUCK McAFFERTY

Date: 5/28/11

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. 30 21856
Required – Can be obtained from agenda on registration table.

Name Peggy Nowicki
Address 1494 Vine St.
Sun Prairie 53590

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:
My Buddies LLC

Are you being paid for your representation? Yes No

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Registration Statement - Page 2

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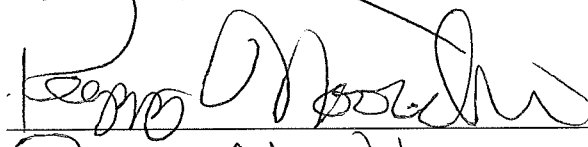
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Date 5/14/11

Signature



Print Name

Peggy N. Smith

Date: 5/18/11

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u>30</u> Required – Can be obtained from agenda on registration table.

Name Kane Roehl
 Address 1245 S. Kessler Rd.
Janesville, WI

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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My Buddies
4325 Lien Rd.
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
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(See Back)

Registration Statement - Page 2

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Date 5/18/11

Signature Kane Roehl
Print Name Kane Roehl

Date: _____

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

<p>Agenda No. <u>30</u></p> <p><u>Required</u> – Can be obtained from agenda on registration table.</p>

Name Jason Wells

Address 3626 Atwood Ave
Madison, WI 53714

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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Registration Statement - Page 2

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Date 5-18-11

Signature

Jason Wells

Print Name

Jason Wells

Date: 5/18/11

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u>30</u> Required – Can be obtained from agenda on registration table.

Name Debra Wells
 Address 3626 Atwood Ave
Madison WI 53714

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
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At this meeting are you representing an organization or a person other than yourself: Yes No
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Date 5/18/11

Signature Debra Wells

Print Name Debra Wells

Date: 5-18-11

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u>30</u> Required – Can be obtained from agenda on registration table.

Name Ryan Aschaker
 Address 7354 Timberlake Tr. #305
Madison, WI 53719

Please check the appropriate boxes: 22089
21856

- 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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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:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
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 _____

Signature _____

Print Name _____

Date: _____

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>30</u> <i>Required – Can be obtained from agenda on registration table.</i>
--

Name ALLEN REUTER
 Address 44 E Mifflin St. Suite 306
MADISON, WI 53703

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:
My Buddies, LLC

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.)

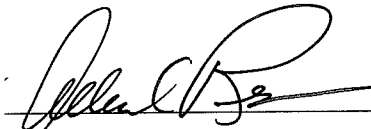
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Date May 18, 2011

Signature



Print Name

ALLEN D. REUTER