

Board of Health for Madison and Dane County

Registration to Appear

Date: 2/13/14

Item: 9

Name: Noel Hooper Lofton

Address: 118 Van Dusen St

Support

Oppose

Neither support nor oppose

I wish to speak

Available for information only

Comments: _____

On this occasion, are you officially representing an organization or person other than you? 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.)

Are you being paid for your representation? NO

Are you appearing as part of your other paid duties for this person or organization? NO

(If you answered "no" to both these questions, **STOP**, you need not complete the rest of this form. If you answered "yes" to either, go on to the next question, on reverse.)

Are you a public official or employee who is appearing solely on behalf of your office or for your governmental body? _____

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

Name, address, and telephone number of each person you are representing:

If you are being paid for your representation, or if your appearance is part of your other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? _____

(Requirements for registration as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County. For information about registering as a lobbyist, contact the Madison City Clerk, 266-4601 AND the Dane County Clerk, 266-4121 or visit the office of each clerk in the City-County Building, 121 Martin Luther King, Jr. Blvd, Madison.

Are you registered as a lobbyist with (check any that applies):

City of Madison,

Dane County

Other _____

Signature: Noel Hooper Lofton

Board of Health for Madison and Dane County
Registration to Appear

Date: 2/13/14
Item: 52627

Name: Greg Prickett
Address: 25-B Gorham St #3

Support
 Oppose
 Neither support nor oppose

I wish to speak
 Available for information only

Comments: _____

On this occasion, are you officially representing an organization or person other than you? 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.)

Are you being paid for your representation? No
Are you appearing as part of your other paid duties for this person or organization? _____
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Are you registered as a lobbyist with (check any that applies):
 City of Madison,
 Dane County
 Other _____

Signature: _____

Board of Health for Madison and Dane County

Registration to Appear

Date: 2-13-14
Item: 32827 - Butler Zone

Name: Wendi Kent
Address: 702 Lorillard Ct. Apt. 206

Support
 Oppose
 Neither support nor oppose

I wish to speak
 Available for information only

NARAL

Comments: _____

On this occasion, are you officially representing an organization or person other than you?
(If you answered "no," STOP, you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Are you being paid for your representation? no
Are you appearing as part of your other paid duties for this person or organization? no
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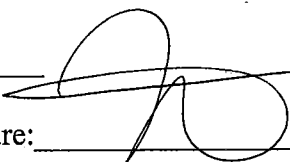
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Are you registered as a lobbyist with (check any that applies):

City of Madison,
 Dane County
 Other _____

Signature: 

Board of Health for Madison and Dane County

Registration to Appear

Date: 2/13/14
Item: 10 - 32827 - Buffer Zone

Name: Gwen Finneyan
Address: P.O. Box 499 Baraboo, WI 53913

Support
 Oppose
 Neither support nor oppose
 I wish to speak
 Available for information only

Comments: _____

On this occasion, are you officially representing an organization or person other than you? Yes
(If you answered "no," STOP, you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Are you being paid for your representation? No
Are you appearing as part of your other paid duties for this person or organization? No
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 City of Madison,
 Dane County
 Other _____

Signature: _____

Board of Health for Madison and Dane County

Registration to Appear

Date: 2-13-14

Item: 10 on agenda

Name: Jenni Dye **NARAL**

Address: 2872 Mickelson Pkwy #209

Support

Oppose

Neither support nor oppose

I wish to speak

Available for information only

Comments: _____

On this occasion, are you officially representing an organization or person other than you? yes
(If you answered "no," **STOP**, you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Are you being paid for your representation? no

Are you appearing as part of your other paid duties for this person or organization? yes
(If you answered "no" to both these questions, **STOP**, you need not complete the rest of this form. If you answered "yes" to either, go on to the next question, on reverse.)

Are you a public official or employee who is appearing solely on behalf of your office or for your governmental body? no

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

Name, address, and telephone number of each person you are representing:

NARAL Pro-Choice WI
1012 W. Main St. #200
Madison, WI 53703 608-287-0016

If you are being paid for your representation, or if your appearance is part of your other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? yes

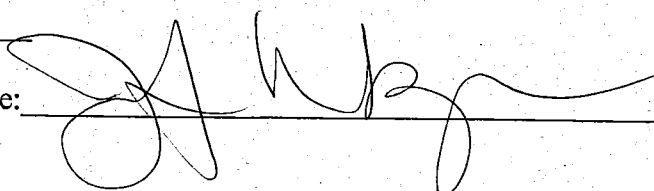
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Are you registered as a lobbyist with (check any that applies):

City of Madison,

Dane County

Other _____

Signature: 

Board of Health for Madison and Dane County

Registration to Appear

Date: 2/18/2014

Item: buffer zone

Name: Chris Lee

Address: 5114 Piccadilly Dr

Support

Oppose

Neither support nor oppose

I wish to speak

Available for information only

Comments:

On this occasion, are you officially representing an organization or person other than you? no

Are you being paid for your representation?

Are you appearing as part of your other paid duties for this person or organization?

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Are you registered as a lobbyist with (check any that applies):

- City of Madison,
Dane County
Other

Signature:

Board of Health for Madison and Dane County

Registration to Appear

Date: Feb 13, '14
Item: bullet zone hospital

Name: Cheryl Elkinton
Address: cheryl@elkinton7@gmail.com

Support I wish to speak
 Oppose Available for information only
 Neither support nor oppose

Comments: protests happen for a reason -
Please use care when restricting rights -

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Are you registered as a lobbyist with (check any that applies):
 City of Madison,
 Dane County
 Other _____

Signature: [Handwritten Signature]

Board of Health for Madison and Dane County

Registration to Appear

Date: 2 / 13 / 14

Item: # 10

Name: BEN RATLIFF

Address: 6917 Colony Dr. MADISON WI 53717

Support

I wish to speak

Oppose

Available for information only

Neither support nor oppose

Comments: _____

On this occasion, are you officially representing an organization or person other than you? YES
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Are you being paid for your representation? No

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Are you registered as a lobbyist with (check any that applies):

- City of Madison,
- Dane County
- Other _____

Signature: Ben - J Ratliff

a file folder
F Jones

Board of Health for Madison and Dane County

Registration to Appear

Date: 2/13/14
Item: 10

Name: Lisa Subeck
Address: 818 S. Common Rd #4

Support
 Oppose
 Neither support nor oppose

I wish to speak
 Available for information only

Comments: _____

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 Dane County
 Other _____

Signature: _____