City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam | -11 (10- | Baker And | | | |
|--|--------------------------|------------------------------------|---|--|--|--|
| Agenda No. 29 | Addı | wadicm | 11) 537/1 | | | |
| | | MAGAISUM | / | | | |
| Please check the appropriate boxes: | | • | | | | |
| 1000 | 01880 | 01881 | 01985 | | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | | |
| Support | | | | | | |
| Oppose | \sim | X | | | | |
| Neither support nor oppose | | | | | | |
| I wish to speak | | | | | | |
| Available for information only | | | | | | |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | n? aid duties for this | evet, 25 s person or organization? | ☐ Yes XNo | | | |
| Speaking Limit: | | 4 minutes | | | | |
| | (See | Back) | | | | |
| REGISTRANT # | (See Back) REGISTRANT # | | | | | |
| REGISTRANT# | | | | | | |

| Are you an egovernmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|--------------------------|--|
| | 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 beithat: | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 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 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? |
| | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) |
| Date Sep | J-20, 2005 Signature ABNO Print Name Brends Edev |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| l | e <u>Atmanda</u> ess <u>28 Sherma</u> <u>Madison</u> , | Fick n Terrace #5 W1 53704 |
|--|---|---|
| l | ess <u>28 Sherma</u> <u>Madison</u> , | n Terrace #5 W1 53704 |
| l | Madison, | WI 53704 |
| J | Manison; | WI 33 107 |
| 0.1020 | | |
| 01000 | | |
| 01000 | | |
| 01880 | 01881 | 01985 |
| Referendum | Hardship Exemption | Repealing smoking ban |
| | | |
| X | X | X |
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| | | |
| 1? | | Yes No |
| id duties for this not complete the | s person or organization? rest of this form. If you an | Yes Mo eswered "yes," go on to the next |
| •••••• | 4 minutes | |
| (See] | Back) | |
| | | |
| | ganization or a protect the ach person or | ganization or a person other than yourself: not complete the rest of this form. If you are ach person or organization you are represent if? id duties for this person or organization? not complete the rest of this form. If you are |

| Are you | | | ly on behalf of your office or for your municipality or other Yes No |
|----------------|----------|--|---|
| | | ed "yes" to the question, STOP. You row answered "no" to the question, go o | need not complete the rest of this form, except that you must sign n to the next question) |
| If you a that: | are beir | ng paid for your representation, or if y | your appearance is part of other paid duties, do you understand |
| | 1 | Before you engage in lobbying as a lewith the City Clerk? | obbyist, you or your principal must file an authorization Yes No |
| | 2 | Your principal is not permitted to a with the City Clerk? | ithorize you to lobby unless the principal is registered Yes No |
| | 3 | ~ 1 ~ ~ | more than \$500 for lobbying services in any reporting all must file expense statements with the City Clerk for year? |
| , , , | | ed "no" to any of the last three questi 103 of the City-County Building, Mad | ons, please call the City Clerk at 266-4601 or go to the Clerk's ison, for more information.) |
| Date | | Signature | · . |
| | | Print Name | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | IKINI W | WE CEEARET | | |
|--|--|---|--|--|--|
| | | Name Melissa Keyes | | | |
| Agenda No. 29 | Add | Address 300 N. Knekner St Madison 121. 52343 | | | |
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| | | · SWALL WALLE MAKE | A D E W WA | | |
| Please check the appropriate boxes: | | | | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | *************************************** | | | |
| Oppose | X | × | X | | |
| Neither support nor oppose | | | | | |
| I wish to speak | | | | | |
| Available for information only | | | | | |
| | | | | | |
| Are you being paid for your representa | tion? | | Yes No | | |
| Are you appearing as part of your othe (If you answered "no," STOP; you need question) | r paid duties for thi ed not complete the | s person or organization? rest of this form. If you ar | Yes No No nswered "yes," go on to the next | | |
| Speaking Limit: | | 4 minutes | | | |
| | (See | Back) | | | |
| REGISTRANT # | | , | | | |
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| | | DECEM | DID A NYTH # | | |
| | | KEGIS. | ΓRANT # | | |

| (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, 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? 2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? 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? (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 | | ou an e imental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|---|--------|--------------------|---|
| that: 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | |
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| with the City Clerk? 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? (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 | | 1 | |
| 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 | | 2., | |
| Office at Room 103 of the City-County Building, Madison, for more information) Date Signature | | 3 | period (calendar quarter), the principal must file expense statements with the City Clerk for |
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| Print Name | Date _ | | Signature |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| PRINT NAME CLEARLY | | | | |
|---|------------|--------------------|---|--|
| | Nam | -7 | ROTHE | |
| Agenda No. 29 | Add | ress <u>Soo N.</u> | PINCENCY ST. | |
| | | Modison | WI 53703 | |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | | |
| Oppose | × | X | X | |
| Neither support nor oppose | | , | | |
| I wish to speak | | | | |
| Available for information only | | | | |
| Are you being paid for your representa | tion? | | ☐ Yes ☐ No | |
| Are you appearing as part of your other (If you answered "no," STOP; you need question) | | | ☐ Yes ☐ No inswered "yes," go on to the next | |
| Speaking Limit: | ••••• | 4 minutes | | |
| | (See | Back) | | |
| REGISTRANT # | ` | | | |
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| | | REGIS | TRANT # | |

| | ou an e imental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|-----------------|--------------------|--|
| 10/ | | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| If you that: | are bei | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 the principal is registered with the City Clerk? |
| e. | 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? |
| | | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Nam Addr | e Daniel | Ross | |
|--------------------------------------|---|--|--|
| Addr | ess 20 125 N M | | |
| | CBD | N Hamilton St #602 Lisan WI 53703 | |
| 1 | Madison | WI 53703 | |
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| 01880 | 01881 | 01985 | |
| Referendum | Hardship Exemption | Repealing smoking ban | |
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| 0 | | ☐ Yes ☐ No | |
| n? | | ∐ Yes ∐ No | |
| aid duties for this not complete the | s person or organization? rest of this form. If you an | Yes No No swered "yes," go on to the next | |
| | 4 minutes | | |
| | 4 mmutts | | |
| | Back) | | |
| | organization or a process of the each person or or on? | Referendum Hardship Exemption A price of the person of the standard of the st | |

| - | | elected official who is appearing solely on behalf all body? | of your office or for your municipality or other Yes No |
|-----------------|----------|--|--|
| | | ered "yes" to the question, STOP . You need not comp you answered "no" to the question, go on to the next q | |
| If you that: | are beir | eing paid for your representation, or if your appearan- | ce is part of other paid duties, do you understand |
| | 1 | Before you engage in lobbying as a lobbyist, you o with the City Clerk? | r your principal must file an authorization Yes No |
| | 2. | Your principal is not permitted to authorize you t with the City Clerk? | o lobby unless the principal is registered Yes No |
| | 3. | If your principal spends or will owe more than \$5 period (calendar quarter), the principal must file exthe remaining quarters of the calendar year? | |
| | | ered "no" to any of the last three questions, please ca m 103 of the City-County Building, Madison, for more | |
| Date | | Signature | |
| | | Print Name | |
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City of Madison Registration Statement - Common Council

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| | TRIVI WAME CLEARUI | | | | |
|--|---|--|--|--|--|
| Agenda No. 29 | | tess 106 W Madis | | | |
| Please check the appropriate boxes: | | | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban | | |
| Support | | | · | | |
| Oppose | X | \times | | | |
| Neither support nor oppose | | | | | |
| I wish to speak | | | | | |
| | | | | | |
| Available for information only At this meeting are you representing an (If you answered "no," STOP; you need question.) Name, address and telephone number of | d not complete the | e rest of this form. If you a | nswered "yes," go on to the next | | |
| At this meeting are you representing an (If you answered "no," STOP; you need question.) Name, address and telephone number of Are you being paid for your representation. Are you appearing as part of your other (If you answered "no," STOP; you need the you answered "no," STOP; you need the your presentation of the your answered "no," STOP; you need the your presentation of the your answered "no," STOP; you need the your presentation of the your answered "no," STOP; you need the your presentation of the your presen | each person or or on? | e rest of this form. If you a ganization you are represent the ganization of organization? | nswered "yes," go on to the next enting: Yes No | | |
| At this meeting are you representing an (If you answered "no," STOP; you need | each person or or on? on? paid duties for this d not complete the | e rest of this form. If you a ganization you are represent the person or organization? The rest of this form. If you a | nswered "yes," go on to the next enting: Yes No | | |

| ., | ou an e mental | elected official who is a body? | ppearing solel | y on behalf of your | office or for | your mun Yes | icipality or other No |
|-----------------|-------------------|---|------------------|------------------------|-----------------|-----------------|--------------------------|
| | | red "yes" to the question, ou answered "no" to the | | _ | | n, except ti | hat you must sign |
| If you that: | are bein | ng paid for your represen | ntation, or if y | our appearance is par | t of other paid | d duties, de | o you understand |
| | 1. | Before you engage in lowith the City Clerk? | obbying as a lo | bbyist, you or your pi | rincipal must | file an auth | norization No |
| | 2 | Your principal is not p with the City Clerk? | ermitted to au | thorize you to lobby | unless the pr | incipal is 1 | registered No |
| | 3. | If your principal spends period (calendar quarter the remaining quarters of | t), the principa | l must file expense st | | | |
| | | ed "no" to any of the las 103 of the City-County I | | | | 6-4601 or | go to the Clerk's |
| Date _ | 9. | 20.05 | Signature | Marie | a C | M | 3-less |
| | | | Print Name | MARIA | 4 C. N | 11/57 | ed |
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City of Madison Registration Statement - Common Council

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| Agenda No. 29 | Address 2947 Hollan Cittle | | | | |
| | Madison 12 53716 | | | | |
| The state of the s | · Nov or a see see see | | | | |
| Please check the appropriate boxes: | | | | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | 10 7 | | | | |
| Oppose | 18 7 | V | | | |
| Neither support nor oppose | | | | | |
| I wish to speak | | | | | |
| Available for information only | | | · | | |
| Are you being paid for your representation | m? | | ☐ Yes ☐ No | | |
| the you being paid for your representation | 111: | | | | |
| Are you appearing as part of your other part of your answered "no," STOP ; you need question) | | | Yes No Swered "yes," go on to the next | | |
| Speaking Limit: | ••••• | 4 minutes | | | |
| | (See) | Back) | | | |
| REGISTRANT # | (333 | | | | |
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| | ou an e imental | lected official who is a body? | appearing solely | on behalf | of your office | or for your mun | icipality or other No |
|---------------------|--------------------|---|--|--------------------------------|--|---|--------------------------|
| (If you this for | answer rm If yo | ed "yes" to the question u answered "no" to the | n, STOP . You ne question, go on | ed not comp to the next q | lete the rest of vuestion) | this form, except t | hat you must sign |
| If you that: | are beir | ng paid for your represe | entation, or if yo | ur appearan | ce is part of o | ther paid duties, d | o you understand |
| | 1. | Before you engage in l with the City Clerk? | obbying as a lol | obyist, you o | r your princip | al must file an autl Yes | norization No |
| • | 2. | Your principal is not pwith the City Clerk? | permitted to aut | horize you t | o lobby unles | s the principal is a | registered No |
| | 3. | If your principal spend period (calendar quarter the remaining quarters | er), the principal | must file e | 00 for lobbying the statement of the sta | ng services in any ents with the City Yes | reporting Clerk for No |
| (If you Office | answere at Room | ed "no" to any of the la 103 of the City-County | st three question Building, Madis | ns, please ca son, for more | ill the City Cle information.) | rk at 266-4601 or | go to the Clerk's |
| Date _ | | | Signature | | | | |
| | | | Print Name | | , | | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| organization you ar | emption Repealing smoking ban an yourself: Yes No m. If you answered "yes," go on to the nex |
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| Hardship Exem | emption Repealing smoking ban an yourself: Yes No m. If you answered "yes," go on to the nex |
| Hardship Exem | emption Repealing smoking ban an yourself: Yes No m. If you answered "yes," go on to the nex |
| Hardship Exem | emption Repealing smoking ban an yourself: Yes No m. If you answered "yes," go on to the nex |
| a person other than he rest of this form. | an yourself: Yes No m. If you answered "yes," go on to the nex |
| a person other than he rest of this form. | m. If you answered "yes, (go dn to the nex |
| a person other than he rest of this form. | m. If you answered "yes, (go dn to the nex |
| he rest of this form. | m. If you answered "yes, (go dn to the nex |
| he rest of this form. | m. If you answered "yes, (go dn to the nex |
| he rest of this form. | m. If you answered "yes, (go dn to the nex |
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| • | Yes No |
| his person or organi he rest of this form | anization? Yes No m. If you answered "yes," go on to the nex |
| 4 minute | tes |
| e Back) | |
| | 4 minut ee Back) |

| • | an elected official who is appearing solely on behalf of your office or for your municipality or other ental body? Yes No |
|----------------|--|
| | nswered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign. If you answered "no" to the question, go on to the next question.) |
| If you arthat: | e being paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? |
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| | iswered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Room 103 of the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | | | |
|---|------------------|---|---|
| | Nam Addı | $\frac{MAH}{513 2d}$ $\frac{513 2d}{MAD15}$ | Schmock ward St. SON, WI S371 |
| Please check the appropriate boxes: | | | , |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | L | | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| | | | |
| Are you being paid for your representation | on? | | ∐ Yes ☐ No |
| Are you appearing as part of your other part of your other part you answered "no," STOP; you need uestion.) | | | Yes No No swered "yes," go on to the next |
| | | | |
| Speaking Limit: | **************** | 4 minutes | |
| Speaking Limit: REGISTRANT # | (See] | | |

| | ou an e mental | lected official who is body? | appearing solely or | n behalf of your off | ice or for your muni | cipality or other |
|-----------------|-------------------|--|-----------------------|-------------------------|--|-----------------------------|
| | | ed "yes" to the questic u answered "no" to th | | | of this form, except th | at you must sign |
| If you that: | are beir | ng paid for your repres | sentation, or if your | appearance is part o | f other paid duties, do | you understand |
| | 1 | Before you engage in with the City Clerk? | lobbying as a lobby | rist, you or your princ | cipal must file an auth | orization No |
| | 2 | Your principal is not with the City Clerk? | permitted to author | rize you to lobby un | less the principal is r | egistered No |
| | 3 | If your principal sper period (calendar quar the remaining quarter | ter), the principal m | ust file expense state | ying services in any rements with the City (| eporting Clerk for No |
| | | ed "no" to any of the l 103 of the City-Count | | | | go to the Clerk's |
| Date _ | | | Signature | | - Aggregation (see a constitution of the const | egy. |
| | | | Print Name | | | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Add | ress 226 Mead | coulark Drive |
|---|--|---|---|
| | | Madison 1 | Œ 53714 |
| | | * | |
| Please check the appropriate boxes: | e e e e e e e e e e e e e e e e e e e | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | × | × |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| | | | |
| Are you being paid for your represent | ation? | | ☐ Yes ☐ No |
| Are you appearing as part of your othe (If you answered "no," STOP; you no question.) | er paid duties for thi eed not complete the | s person or organization? e rest of this form. If you ar | Yes No nswered "yes," go on to the next |
| Speaking Limit: | ••••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | - | · | |
| | | | |
| | | REGIS | ΓRANT# |

| | ou an onmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|-----------------|----------------|--|
| | | 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 that: | are bei | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
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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? |
| | | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's In 103 of the City-County Building, Madison, for more information |
| Date _ | r | Signature |
| | | Print Name |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Add | ress 1453 Mac Madison, WI | gpa Stortlew-Rd. 53714 |
|--|---|--|----------------------------------|
| Please check the appropriate boxes: | ······································ | , | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | X |
| Oppose | \bot | <u> </u> | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| At this meeting are you representing ar (If you answered "no," STOP; you need question.) | ed not complete the | e rest of this form. If you ar | nswered "yes," go on to the next |
| At this meeting are you representing ar (If you answered "no," STOP; you need question.) Name, address and telephone number of | ed not complete the | e rest of this form. If you ar | nswered "yes," go on to the next |
| At this meeting are you representing ar | ed not complete the | e rest of this form. If you ar | nswered "yes," go on to the next |
| At this meeting are you representing ar (If you answered "no," STOP; you need question.) Name, address and telephone number of | ed not complete the of each person or or tion? | ganization you are represent sperson or organization? | nswered "yes," go on to the next |
| At this meeting are you representing ar (If you answered "no," STOP; you need question.) Name, address and telephone number of the you being paid for your representation. Are you appearing as part of your other (If you answered "no," STOP; you need the you answered "no," STOP; you need to the your answered "no," You need to the your answered "no," You need to the your answered "no," You need to the your | ed not complete the of each person or or or tion? Tryaid duties for this ed not complete the | ganization you are represent sperson or organization? e rest of this form. If you are | nswered "yes," go on to the next |

| | ou an e nmental | lected official who is appearing solely on behalf of your office or for your municipality or other body? |
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| | | ed "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 that: | are bei | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 the principal is registered with the City Clerk? |
| | 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? |
| | | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's a 103 of the City-County Building, Madison, for more information.) |
| Date _ | · | Signature |
| | * | Print Name |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | | Beecher | |
|---|--|---|---|--|
| Agenda No. 29 | Addi | ress 122 600a | 122 Georgiana Cir Madison WI 537/6 | |
| | 7.00 | Wadien | 4.15 537/1 | |
| | | 1,10,0130, | | |
| Please check the appropriate boxes: | | | | |
| rease eneck the appropriate sexes. | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | * | |
| Oppose | <u> </u> | X | | |
| Neither support not oppose | _ | | | |
| I wish to speak | | | | |
| Available for information only | | | | |
| If you answered "no," STOP ; you need question.) | d not complete the | rest of this form If you ar | nswered "yes," go on to the next | |
| If you answered "no," STOP ; you need question.) | d not complete the | rest of this form If you ar | nswered "yes," go on to the next | |
| If you answered "no," STOP ; you need question.) Name, address and telephone number of | d not complete the | rest of this form If you ar | nswered "yes," go on to the next | |
| If you answered "no," STOP; you need question.) Name, address and telephone number of Are you being paid for your representation. Are you appearing as part of your other of your answered "no," STOP; you need "no," "No." STOP; you need "no," "No." STOP; you need "no." "No." STOP; you need "no." | d not complete the feach person or or or on? | ganization you are represedued by person or organization? | nswered "yes," go on to the next Inting: Yes No | |
| If you answered "no," STOP; you need question.) Name, address and telephone number of Are you being paid for your representation. Are you appearing as part of your other of you answered "no," STOP; you need question.) | d not complete the feach person or or or on? on? paid duties for this d not complete the | ganization you are represent ganization you are represent sperson or organization? | nswered "yes," go on to the next | |
| If you answered "no," STOP; you need question.) Name, address and telephone number of Are you being paid for your representation. Are you appearing as part of your other (If you answered "no," STOP; you need question.) | d not complete the feach person or or or on? on? paid duties for this d not complete the | ganization you are represedually great of this form. If you are rest of this form. If you are rest of this form. If you are rest4 minutes | nswered "yes," go on to the next I Yes No | |
| At this meeting are you representing an (If you answered "no," STOP; you need question.) Name, address and telephone number of Are you being paid for your representation. Are you appearing as part of your other (If you answered "no," STOP; you need question.) Speaking Limit: | d not complete the feach person or or or on? on? paid duties for this d not complete the | ganization you are represent ganization you are represent sperson or organization? | nswered "yes," go on to the next I Yes No | |

| Are you an o | | ing solely on behalf of your office | or for your municipality or other Yes |
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| | ered "yes" to the question, STO you answered "no" to the quest | OP. You need not complete the rest of ion, go on to the next question.) | this form, except that you must sign |
| If you are be | sing paid for your representation | n, or if your appearance is part of ot | her paid duties, do you understand |
| 1. | Before you engage in lobbying with the City Clerk? | ng as a lobbyist, you or your principa | l must file an authorization Yes No |
| 2 | Your principal is not permit with the City Clerk? | tted to authorize you to lobby unless | the principal is registered Yes No |
| 3 | If your principal spends or vegeriod (calendar quarter), the the remaining quarters of the | will owe more than \$500 for lobbying principal must file expense stateme calendar year? | g services in any reporting ents with the City Clerk for Yes No |
| (If you answe Office at Room | ered "no" to any of the last thre m 103 of the City-County Build | ee questions, please call the City Cler ling, Madison, for more information.) | rk at 266-4601 or go to the Clerk's |
| Date 4-2 | 20-95 Sign | nature M. All nt Name Brandon I | |
| | | nt Name Brandon L | Beecher |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| Agenda No. 29 | Add | ress 322 Ace | e wood Blud. | | |
| | | Midisan | | | |
| | | 18 025 1700 | | | |
| Please check the appropriate boxes: | | • | 53716 | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | | <u> </u> | | |
| Oppose | | X | | | |
| Neither support nor oppose | | | | | |
| I wish to speak | | | | | |
| Available for information only | | | | | |
| Name, address and telephone number of | <i>(</i>) | 18 - 241 - 0147 | | | |
| Are you being paid for your representation? | | | ☐ Yes No | | |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | r paid duties for thi ed not complete the | s person or organization? e rest of this form. If you as | Yes No nswered "yes," go on to the next | | |
| Speaking Limit: | | 4 minutes | | | |
| | (See | Back) | | | |
| REGISTRANT # | Ç. 11 | , | | | |
| | | DECIC | TD ANT # | | |
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| ., | ou an e imental | lected official who is a body? | ppearing solely or | behalf of your of | fice or for | your municipality of Yes No | r other |
|-----------------|--------------------|--|---------------------|-----------------------|---------------|------------------------------|------------------|
| | | red "yes" to the question, ou answered "no" to the | | _ | t of this for | m, except that you mu | st sign |
| If you that: | are beir | ng paid for your represer | ntation, or if your | appearance is part of | of other paid | d duties, do you unde | erstand |
| | 1 | Before you engage in lowith the City Clerk? | obbying as a lobby | ist, you or your prin | icipal must | file an authorization Yes No | |
| | 2. | Your principal is not p with the City Clerk? | ermitted to author | ize you to lobby ur | iless the pr | incipal is registered 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? | | | | | |
| | | ed "no" to any of the las 103 of the City-County I | | | | 6-4601 or go to the C | lerk's |
| Date _ | 9- | 20-05 | Signature | RA-H | L | | 1 - 7 |
| | | | Print Name | Dusti | 1 H | ermonson | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

REGISTRANT # ____

| | Nam | Name Brenda Lange Address 2010 Holman RD | | | |
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| Agenda No. 29 | Add | | | | |
| | | Deerfield | · W/ S353/ | | |
| and the second s | | | | | |
| Please check the appropriate boxes: | | | | | |
| } | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | | | | |
| Oppose | | | · · · · · · | | |
| Neither support nor oppose | | | | | |
| I wish to speak | | | | | |
| Available for information only | | | | | |
| Name, address and telephone number of Are you being paid for your representation | | | ☐ Yes 🔀 No | | |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | paid duties for thi not complete the | s person or organization? e rest of this form. If you ar | Yes No No swered "yes," go on to the next | | |
| Speaking Limit: | ••••••• | 4 minutes | | | |
| | (See | Back) | | | |
| REGISTRANT # | (| , | | | |
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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? | | | | | | | | |
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| | | ed "yes" to the question, nu answered "no" to the q | | | | of this form | n, except th | at you must sign |
| 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? | | | | | | |
| | 2. | Your principal is not p with the City Clerk? | ermitted to aut | horize you to | lobby un | less the pri | ncipal is re | egistered No |
| | 3. | If your principal spends period (calendar quarter the remaining quarters o |), the principal | must file exp | | | - | = |
| (If you Office o | answer at Room | ed "no" to any of the las 103 of the City-County l | t three question Building, Madis | ns, please call son, for more i | the City (informatio | Clerk at 260 n) | 5-4601 or g | go to the Clerk's |
| Date _ | 9-2 | 0-05 | Signature | bound | 4 | | | NATE AND ADDRESS OF THE PARTY. |
| | | | Print Name | Bu | 2 M | <u> An</u> jo | <u> </u> | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

REGISTRANT #

| | | I ICITY IV | AVIE CEEARD I | | |
|--|--------------|---------------------|---|--|--|
| | | Name Kristi Gilmore | | | |
| Agenda No. 29 | Add | ress 2621 Dal | hile St. | | |
| | | ress 2621 Dai | 111: 58704 | | |
| Managaga ya anii in in in gayaa ahaa ahaa ahaa ahaa ahaa ahaa aha | <u></u> | 1-1001-3011; | 01 2010 | | |
| Please check the appropriate boxes: | | | | | |
| | | | | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | | | | |
| Oppose | <u>+</u> | 入 | ALMOS IN CASA CONTRACT OF THE | | |
| Neither support nor oppose | | | | | |
| I wish to speak | | | | | |
| Available for information only | \sim | \sim | X | | |
| Name, address and telephone number of o | | | ☐ Yes No | | |
| , , | | | | | |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | | | Yes No Inswered "yes," go on to the next | | |
| Speaking Limit: | ************ | 4 minutes | | | |
| | (See] | Back) | | | |
| REGISTRANT # | (3.1.1 | , | | | |
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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? | | | | | | |
|--|---|-----------------------------------|--|---|----------------------------|--|
| (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 le with the City Clerk? | obbying as a lo | obbyist, you or your principal i | must file an autho ☐ Yes | rization No | |
| 2. | Your principal is not p with the City Clerk? | permitted to au | nthorize you to lobby unless the | he principal is re | gistered No | |
| 3 | If your principal spend period (calendar quarte the remaining quarters of | r), the principa | more than \$500 for lobbying all must file expense statement year? | services in any res s with the City C Yes | eporting lerk for No | |
| (If you answer Office at Room | red "no" to any of the la. n 103 of the City-County | st three questic Building, Mad | ons, please call the City Clerk ison, for more information.) | at 266-4601 or go | o to the Clerk's | |
| Date9 - | 20-05 | Signature Print Name | Shusti J. G.C. Kristi L.G | moce ilmore | | |
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| Date | 20-05 | _ | Kristi L.G | moce ilmore | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| DY | 53704 | | | |
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| | • | | Please check the appropriate boxes: | |
| 01985 | 01881 | 01880 | | |
| on Repealing smoking ban | Hardship Exemption | Referendum | | |
| | | | Support | |
| X | | X | Oppose | |
| | | | Neither support nor oppose | |
| | | | I wish to speak | |
| X | | X | Available for information only | |
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| Yes No | | on? | Are you being paid for your representat | |
| ion? | person or organization? rest of this form. If you | aid duties for this not complete the | Are you appearing as part of your other (If you answered "no," STOP; you need question.) | |
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| | , | Q**** | REGISTRANT # | |
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| Are you | | lected official who is appearing solely on behalf of your office or for your municipality or other body? Yes No |
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| | | ed "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 a that: | re beir | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 | 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? |
| | | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) |
| Date | | Signature |
| | | Print Name |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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|--|---------------------|--|---|--|--|--|
| | Name John KANANAYEH | | | | | |
| Agenda No. 29 | Add | Name Nohn KAUANAY 6H Address 1025 N SHERMAN AVE MADISON WI 53204 | | | | |
| | 1100 | 200 0 10 - 0 | 1 11: CP204 | | | |
| | | 11110 500 | 001 3 4 6 7 | | | |
| Please check the appropriate boxes: | | | | | | |
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| | 01880 | 01881 | 01985 | | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | | |
| Support | | | | | | |
| Oppose | سا | i was | | | | |
| Neither support nor oppose | | | | | | |
| I wish to speak | | | | | | |
| Available for information only | \$100 - VIII . | | × | | | |
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| Are you being paid for your representat | tion? | | Yes No | | | |
| Are you appearing as part of your other (If you answered "no," STOP; you nee question.) | paid duties for thi | s person or organization? erest of this form. If you a | Yes No nswered "yes," go on to the next | | | |
| Speaking Limit: | •••••• | 4 minutes | | | | |
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| | ou an e imental | lected official who is appearing solely body? | y on behalf of your office or | for your municipality or othe Yes No | I. |
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| If you that: | are bei | ng paid for your representation, or if yo | our appearance is part of other | paid duties, do you understand | 1 |
| | 1 | Before you engage in lobbying as a lo with the City Clerk? | bbyist, you or your principal me | ust file an authorization Yes No | |
| | 2 | Your principal is not permitted to au with the City Clerk? | thorize you to lobby unless the | principal is registered Yes No | |
| | 3 | If your principal spends or will owe period (calendar quarter), the principal the remaining quarters of the calendar | l must file expense statements | | |
| | | ed "no" to any of the last three question 103 of the City-County Building, Madi | | t 266-4601 or go to the Clerk's | 5 |
| Date _ | | Signature | | | _ |
| | | Print Name | | | _ |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | Name Jessica Lindnes | | | |
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| Agenda No. 29 | Addı | ress 1904 I | efferson St | | |
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| Diago shook the convenients haven | | | | | |
| Please check the appropriate boxes: | | | | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | | | | |
| Oppose | X | X | X | | |
| Neither support nor oppose | | | | | |
| I wish to speak | | | d to a section and dates are one | | |
| A 13-1-1 - C C | | | - Life Ample and | | |
| (If you answered "no," STOP; you need question.) | d not complete the | e rest of this form. If you ar | nswered "yes," go on to the next | | |
| At this meeting are you representing an (If you answered "no," STOP; you need question.) | d not complete the | e rest of this form. If you ar | nswered "yes," go on to the next | | |
| At this meeting are you representing an | d not complete the | e rest of this form. If you ar | nswered "yes," go on to the next | | |
| At this meeting are you representing an (If you answered "no," STOP; you need question.) Name, address and telephone number of Are you being paid for your representation. Are you appearing as part of your other (If you answered "no," STOP; you need the property of the | d not complete the each person or or or on? | ganization you are represent sperson or organization? | nswered "yes," go on to the next Inting: Yes No Yes No | | |
| At this meeting are you representing an (If you answered "no," STOP; you need question.) Name, address and telephone number of Are you being paid for your representation. | d not complete the each person or or or on? on? paid duties for this in the complete the | ganization you are represent sperson or organization? rest of this form. If you are | nswered "yes," go on to the next Inting: Yes No Yes No | | |
| At this meeting are you representing an (If you answered "no," STOP; you need question.) Name, address and telephone number of Are you being paid for your representation. Are you appearing as part of your other (If you answered "no," STOP; you need question) | each person or or on? paid duties for this d not complete the | ganization you are represent sperson or organization? rest of this form. If you are rest of this form. If you are | nswered "yes," go on to the next Inting: Yes No Yes No | | |
| At this meeting are you representing an (If you answered "no," STOP; you need question.) Name, address and telephone number of Are you being paid for your representation. Are you appearing as part of your other (If you answered "no," STOP; you need question) | each person or or on? paid duties for this d not complete the | ganization you are represent sperson or organization? rest of this form. If you are | nswered "yes," go on to the next Inting: Yes No Yes No | | |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | | |
|---|-------------------|--|---------------------------------------|--|--|--|
| (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 with the City Clerk? | lobbying as a lo | bbyist, you or your principal must file an authorization Yes No | | |
| | 2. | Your principal is not with the City Clerk? | permitted to au | thorize you to lobby unless the principal is registered 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? | | | | |
| (If you Office | answer at Roon | ed "no" to any of the l 103 of the City-County | ast three questio v Building, Madi | ns, please call the City Clerk at 266-4601 or go to the Clerk's son, for more information) | | |
| Date _ | | | Signature | | | |
| | | | Print Name | | | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | | Diers nathport Drive # a |
|--|--|--|---------------------------------|
| | | VVIJTUL | MO WI JOIC |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| (Oppose) | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | V | <u> </u> |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| 1 William to openic | | | |
| Available for information only At this meeting are you representing ar If you answered "no," STOP; you need to see the second of the second | ed not complete the | e rest of this form. If you ar | nswered "yes," go on to the nes |
| Available for information only It this meeting are you representing are you answered "no," STOP; you need uestion.) It is address and telephone number of | ed not complete the | e rest of this form. If you ar | nswered "yes," go on to the ne |
| Available for information only At this meeting are you representing ar If you answered "no," STOP; you need tuestion.) Name, address and telephone number of | ed not complete the | e rest of this form. If you ar | nswered "yes," go on to the nex |
| Available for information only It this meeting are you representing are you answered "no," STOP; you need uestion.) It ame, address and telephone number of the you being paid for your representative you appearing as part of your other flyou answered "no," STOP; you need to you answered "no," you need to you answered "no," STOP; you need to you answered "no," you need to you need to you need to | of each person or or tion? | ganization you are represed | nswered "yes," go on to the nex |
| Available for information only It this meeting are you representing are If you answered "no," STOP; you need uestion.) Itame, address and telephone number of the you being paid for your representative you appearing as part of your other If you answered "no," STOP; you need uestion.) | of each person or or tion? T paid duties for this ed not complete the | ganization you are represed s person or organization? exerct of this form. If you are | nswered "yes," go on to the nex |
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| | of each person or or tion? T paid duties for this ed not complete the | ganization you are represent sperson or organization? rest of this form. If you are rest of this form. If you are | nswered "yes," go on to the nex |

| - | ou an e imental | lected official who is appearing solely on behalf of your office or for your municipality or other body? |
|-----------------|--------------------|--|
| | | 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 that: | are bein | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 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? |
| | | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information) |
| Date _ | • | Signature |
| | | Print Name |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

REGISTRANT # _____

| | | FRINTINA | |
|--|--|--|---|
| Agenda No. 29 | Nam Addi | 7-4-5 | Lansw with ca. wr 53704 |
| Please check the appropriate boxes: | | a, a | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support Oppose Neither support nor oppose | × - | X | X |
| Neither support not oppose | | | |
| I wish to speak Available for information only At this meeting are you representing an (If you answered "no," STOP; you nee | organization or a j | person other than yourself: c rest of this form. If you ar | Yes No nswered "yes," go on to the next |
| Available for information only At this meeting are you representing an (If you answered "no," STOP; you nee question.) | d not complete the | e rest of this form. If you ar | nswered "yes," go on to the next |
| Available for information only At this meeting are you representing an (If you answered "no," STOP; you nee question.) Name, address and telephone number of | d not complete the | e rest of this form. If you ar | nswered "yes," go on to the next |
| Available for information only At this meeting are you representing an (If you answered "no," STOP; you nee question.) Name, address and telephone number of the you being paid for your representation. Are you appearing as part of your other (If you answered "no," STOP; you nee | d not complete the feach person or | ganization you are represent | nswered "yes," go on to the next Inting: Yes No |
| Available for information only At this meeting are you representing an (If you answered "no," STOP; you nee question.) Name, address and telephone number of the you being paid for your representation. Are you appearing as part of your other (If you answered "no," STOP; you nee question) | d not complete the feach person or | ganization you are represent ganization you are represent ganization? The rest of this form. If you are rest of this form. If you are | nswered "yes," go on to the next Inting: Yes No |
| Available for information only At this meeting are you representing an | d not complete the feach person or | ganization you are represent ganization you are represent ganization? The rest of this form. If you are rest of this form. If you are | nswered "yes," go on to the next Inting: Yes No |

| Are yo | ou an e | lected official who is a | ppearing solely or | n behalf of your office or | for your mun | icipality or other |
|-----------------|----------|--|---------------------|---|--------------------|--------------------|
| govern | mental | body? | | | Yes | ☐ No |
| | | ed "yes" to the question w answered "no" to the | | not complete the rest of thi the next question) | is form, except ti | hat you must sign |
| If you that: | are beir | ng paid for your represe | ntation, or if your | appearance is part of othe | r paid duties, de | you understand |
| | 1. | Before you engage in lowith the City Clerk? | obbying as a lobby | rist, you or your principal r | nust file an auth | norization No |
| | 2. | Your principal is not p with the City Clerk? | permitted to author | rize you to lobby unless the | he principal is 1 | egistered No |
| | 3 | | r), the principal m | e than \$500 for lobbying ust file expense statement r? | | |
| | | ed "no" to any of the last 103 of the City-County. | | please call the City Clerk , for more information.) | at 266-4601 or | go to the Clerk's |
| Date _ | | | Signature | Arabina and a second | | |
| | | | Print Name | | | |
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REGISTRANT # _

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | PRINT NA | AME CLEARLY |
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| Agenda No. 29 | Nam Add | ne ANGELA ress 1901 ABER MADISIN | MIGANOWSKY 2G-AVE. WI 53704 |
| Please check the appropriate boxes: | _ | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support Oppose | \ \rac{1}{\chi}}}}}}}} \right.}}}}}}}}}}}}}}}}}}}} | | <u> </u> |
| Neither support nor oppose | | | |
| I wish to speak | <u> </u> | | |
| Available for information only | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | · · · · · · · · · · · · · · · · · · · |
| Name, address and telephone number of | | ganization you are represe | |
| Are you being paid for your representation | on? | • | Yes YNo |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | paid duties for thi not complete the | s person or organization? erest of this form. If you a | Yes No nswered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT # | (See | Back) | |
| | | | |

| | ou an e mental | lected official who is apbody? | opearing solel | y on behalf of your | office or for | your muni Yes | cipality or other No |
|---------------------|-------------------|--|------------------------------------|---|---------------------------|---------------------|----------------------|
| | | red "yes" to the question, ou answered "no" to the q | | | | m, except th | at you must sign |
| If you that: | are beir | ng paid for your represen | ntation, or if y | our appearance is pa | art of other pai | d duties, do | you understand |
| | 1. | Before you engage in lo with the City Clerk? | bbying as a lo | bbyist, you or your p | principal must | file an auth Yes | orization No |
| | 2. | Your principal is not powith the City Clerk? | ermitted to au | thorize you to lobby | unless the pr | incipal is re | egistered No |
| | 3. | If your principal spends period (calendar quarter the remaining quarters o |), the principa | al must file expense : | | | |
| (If you Office o | answer at Room | ed "no" to any of the las a 103 of the City-County I | at three questic Building, Madi | ons, please call the C ison, for more inform | ity Clerk at 26 ation) | 66-4601 or g | go to the Clerk's |
| Date _ | 9- | 20-05 | Signature Print Name | ANGELA | Wigani | OSKY OWSKY | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addı | e <u>KELLY</u> ess <u>1330 R</u> MADISON | JORDAN EGSWT ST WI 53715 |
|--|-----------------------------------|--|--|
| Please check the appropriate boxes: | • • | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | • | 7 |
| Oppose | × | × | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | × | × | |
| Name, address and telephone number of earlies of the State S | | ganization you are represe | enting: |
| Are you being paid for your representation? | • | | ☐ Yes XNo |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.) | d duties for this ot complete the | s person or organization? rest of this form. If you a | Yes No No nswered "yes," go on to the next |
| Speaking Limit: | •••••• | 4 minutes | |
| REGISTRANT # 16 | (See | Back) | |

| | ou an e nmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
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| | | ed "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 that: | are bei | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 the principal is registered with the City Clerk? |
| | 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? |
| | | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) |
| Date _ | 9-2 | Print Name Kelle C. Jordan |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| ndum Hard | 01881 Iship Exemption other than yourself | 01985 Repealing smoking ban Yes No enswered "yes," go on to the next |
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| ndum Hard | 01881 Iship Exemption other than yourself this form. If you a | 01985 Repealing smoking ban Yes No inswered "yes," go on to the nex |
| ndum Hard | 01881 Iship Exemption other than yourself this form. If you a | 01985 Repealing smoking ban Yes No enswered "yes," go on to the nex |
| on or a person lete the rest of | other than yourself this form. If you a | Repealing smoking ban Yes No inswered "yes," go on to the nex |
| on or a person lete the rest of | other than yourself this form. If you a | Repealing smoking ban Yes No inswered "yes," go on to the nex |
| on or a person lete the rest of | other than yourself of this form. If you a | : Yes No enswered "yes," go on to the nex |
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| lete the rest o | f this form. If you a | nswered "yes," go òn to the nex |
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| | | ☐ Yes XNo |
| for this perso lete the rest of | n or organization? f this form. If you a | Yes No nswered "yes," go on to the nex |
| 4 | minutes | |
| (See Back) | | |
| (See Buck) | | |
| • | lete the rest o | 4 minutes |

| | an elected official who is appearing solely on behalf of your office or for your municipality or other ental body? |
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| | iswered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question.) |
| If you ar that: | e being paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? |
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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? |
| | swered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Room 103 of the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| | Nam | e Wasa | Tamper |
| Agenda No. 29 | A 3 d. | 1202 | LLINGHA WALL |
| Agenda Ivo. | Addı | ress 1000 W | waxa voay |
| | | West war | 1 21 53 713 1 |
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| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | | E | Commence of the commence of th |
| Neither support nor oppose | | - | |
| I wish to speak | - | | |
| Available for information only | | | · · · - |
| At this meeting are you representing ar | | | Yes No |
| | | | |
| Are you being paid for your representa | tion? | | Yes No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question) | r paid duties for this ed not complete the | s person or organization? rest of this form. If you as | Yes No nswered "yes," go on to the next |
| Speaking Limit: | ******* | 4 minutes | |
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| REGISTRANT # | | | |
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| | an elected official who is appearing solely on behalf of your office or for your municipality or other ntal body? |
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| | swered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question.) |
| If you are that: | being paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 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 the principal is registered with the City Clerk? |
| 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? |
| (If you an Office at l | twered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's com 103 of the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| | Nam | e Dona Wi | ninsky |
| Agenda No. 29 | Add | ress 1728N. H | illinunt Blvd. |
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| Magaza shoots the engreenists haves | | | ŕ |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | 1 | L | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| American hung f | | WI | |
| Are you being paid for your representat | ion? | | Yes No |
| Are you appearing as part of your other (If you answered "no," STOP; you nee question) | | | Yes No No swered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | (500) | | |
| | | PECIC | ΓRANT # |
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| Are yo | | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
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| | | 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 that: | are beii | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 1 | Before you engage in lobbying as a lobbyist, you or your principal must file are 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? |
| | 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? |
| (If you Office o | answer ut Room | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) |
| Date _ | 91 | Signature Dona Wininsky Print Name Dona Wininsky |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | | Leper Leph Drive Apt 20 12 53717 |
|---|---|---|---|
| Please check the appropriate boxes: | | , | ************************************** |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose | X | X | \times |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| question.) Name, address and telephone number of | | | Yes XXo nswered "yes," go on to the next nting: |
| question.) Name, address and telephone number of | each person or or | | nting: |
| question.) | each person or or | | |
| question.) Name, address and telephone number of | each person or | ganization you are represent | nting: ☐ Yes ☐ No ☐ Yes ☐ No |
| Name, address and telephone number of Are you being paid for your representation Are you appearing as part of your other paid (If you answered "no," STOP; you need question.) | each person or | ganization you are represent | nting: ☐ Yes ☐ No ☐ Yes ☐ No |
| question.) Name, address and telephone number of Are you being paid for your representation Are you appearing as part of your other part of your answered "no," STOP; you need | each person or or or or on? on? oaid duties for this not complete the | ganization you are represent sperson or organization? | nting: ☐ Yes ☐ No ☐ Yes ☐ No |

| .,, | ou an e mental | elected official who is appearing solely on behalf of your office or for your municipals lody? | |
|--------------|-------------------|---|-------------|
| | | ered "yes" to the question, STOP . You need not complete the rest of this form, except that you answered "no" to the question, go on to the next question.) | u must sign |
| If you that: | are beir | ing paid for your representation, or if your appearance is part of other paid duties, do you | understand |
| | 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authoriza with the City Clerk? | |
| | 2. | Your principal is not permitted to authorize you to lobby unless the principal is registed with the City Clerk? | |
| | 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporperiod (calendar quarter), the principal must file expense statements with the City Clerk the remaining quarters of the calendar year? | for |
| | | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to m 103 of the City-County Building, Madison, for more information.) | the Clerk's |
| Date _ | | Signature | |
| | | Print Name | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Nam Addr 01880 | ess 1904 de MIAULSON | C. HARRISON Merson G. Ly 53711 |
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| 01880 | | |
| 01880 | | |
| Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
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|) | | ☐ Yes ☐ No |
| d duties for this | | Yes No |
| •••••• | 4 minutes | |
| (See H | Rack) | |
| ? | canization or a pot complete the | canization or a person other than yourself of complete the rest of this form. If you do not complete the rest of this form of this person or organization? If you do not complete the rest of this form. If you do not complete the rest of this form. If you do not complete the rest of this form. If you do not complete the rest of this form. |

| ., | ou an e mental | lected official who is appearing solely on behalf of your office or for your municipality or other 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 that: | are bein | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 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? |
| (If yo u Office | answer at Room | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's a 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Nam Addr 01880 Referendum | ess III Prias C Madison 01881 Hardship Exemption | oth St. JI S 3704 01985 Repealing smoking ban |
|--------------------------------------|---|---|
| 01880 Referendum | 01881 Hardship Exemption | 01985 |
| 01880 Referendum | 01881 Hardship Exemption | 01985 |
| Referendum | Hardship Exemption | |
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| n? | | ☐ Yes ☐ No |
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| aid duties for this not complete the | s person or organization? erest of this form. If you ar | ☐ Yes ☐ No nswered "yes," go on to the next |
| | 4 minutes | |
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| | not complete the each person or | rganization or a person other than yourself: not complete the rest of this form. If you are each person or organization you are represent n? aid duties for this person or organization? not complete the rest of this form. If you are |

| Are you an government | | behalf of your office or for your municipality or other Yes No |
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| | vered "yes" to the question, STOP. You need need no you answered "no" to the question, go on to t | ot complete the rest of this form, except that you must sign he next question) |
| If you are b that: | eing paid for your representation, or if your a | ppearance is part of other paid duties, do you understand |
| 1. | Before you engage in lobbying as a lobbyi with the City Clerk? | st, you or your principal must file an authorization Yes No |
| 2 | Your principal is not permitted to authori with the City Clerk? | ze you to lobby unless the principal is registered Yes No |
| 3. | | than \$500 for lobbying services in any reporting st file expense statements with the City Clerk for Yes No |
| 1 2 2 | vered "no" to any of the last three questions, pom 103 of the City-County Building, Madison, | lease call the City Clerk at 266-4601 or go to the Clerk's for more information.) |
| Date | Signature | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| | Nam | e <u>vori Ni</u> | tel |
| Agenda No. 29 | Addı | ress ZINA He | ermina St. |
| · · | | 3 | . W/1 53714 |
| | | 10/00/201 | · W/1 327 14 |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | X | <u> </u> |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | , | |
| A | tation? | | ☐ Yes 🔯 No |
| Are you being paid for your represent | .auon? | | ١٠٠٥ الطر |
| Are you appearing as part of your oth (If you answered "no," STOP; you n question) | er paid duties for thi eed not complete the | s person or organization? erest of this form. If you a | ☐ Yes ☐No nswered "yes," go on to the nex |
| Speaking Limit: | •••••• | 4 minutes | |
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| | ou an e nmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
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| If you that: | are beir | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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? |
| | | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| Agenda No. 29 | | ress 3745 (| |
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| | | Mallison, | w/ 53705 |
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| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | Kererendani | Tital desirip Zavanpalon | |
| Oppose | X | × | × |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| At this meeting are you representing a | | .a .a 47 | TING TAIL |
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| Are you being paid for your representation? | | | Yes No |
| Are you appearing as part of your othe (If you answered "no," STOP; you ne question) | or paid duties for thi ned not complete the | s person or organization? erest of this form. If you o | Yes No Inswered "yes," go on to the next |
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| | ou an nmenta | elected official who is appearing solely on behalf of your office or for your municipality or other Laboratory. We will body? |
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| If you that: | are be | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
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| | | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| Please check the appropriate boxes: | | | |
| G | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support Oppose | X | X | K |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| Name, address and telephone number of Western | edism | ganization you are represe | enting: |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question.) | oaid duties for thi I not complete the | s person or organization? erest of this form. If you o | Yes No |
| Speaking Limit: | ••••• | 4 minutes | |
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| | | elected official who is appearing solely on behalf of your office or for your mal body? | <u> </u> |
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| If you that: | ı are be | eing paid for your representation, or if your appearance is part of other paid duties, | do you understand |
| | 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an a with the City Clerk? | uthorization No |
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| | | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 on 103 of the City-County Building, Madison, for more information.) | or go to the Clerk's |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| | l | #514 MAD | . KRUEGER JASHINGTON AUG SOM, Wi 53703 |
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| Please check the appropriate boxes: | | · | |
| 2 | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | Referendam | Tididamp Exemption | X |
| Oppose | | | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| | tion? | | ☐ Yes |
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| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | paid duties for this ed not complete the | s person or organization? erest of this form. If you ar | Yes No swered "yes," go on to the next |
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| Are you an egovernmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
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| | 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 beithat: | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | |)1985 |
| | Referendum | Hardship Exemption | | g smoking ban |
| Support | TOTOTOTICAL | | | |
| Oppose | X | X | X | |
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| I wish to speak | | | | |
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| Are you being paid for your represent | tation? | | ∐ Yes | ☐ No |
| Are you appearing as part of your oth (If you answered "no," STOP; you n question) | er paid duties for thiseed not complete the | s person or organization? erest of this form. If you o | ☐ Yes inswered "yes, | |
| Speaking Limit: | *********** | 4 minutes | | |
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| | ou an e nmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? Yes No |
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| | | 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 that: | are bei | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| Please check the appropriate boxes: | | • | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | -30 |
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| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| Are you being paid for your representat | rion? | | ☐ Yes 📈 No |
| Are you being paid for your representati | lion: | | |
| Are you appearing as part of your other (If you answered "no," STOP; you nee question) | paid duties for thied not complete the | s person or organization? rest of this form. If you ar | ☐ Yes ☐ No nswered "yes," go on to the next |
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| Are you an governmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
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| | 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, do you understand |
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City of Madison Registration Statement - Common Council

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| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Cupport | Referendum | Traidsinp Exemption | L |
| Support | A management of the same | | |
| Oppose Neither support nor oppose | | - | |
| I wish to speak | | | |
| Available for information only | | | |
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| Name, address and telephone number of | caon poison or or | Sameanon you are reprosen | |
| Are you being paid for your representation | on? | | Yes No |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question) | paid duties for this I not complete the | s person or organization? erest of this form. If you an | Yes No Swered "yes," go on to the next |
| Speaking Limit: | **************** | 4 minutes | |
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| | | elected official who is appearing solely on behalf of your office or for your municipality or other lbody? |
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City of Madison Registration Statement - Common Council

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| Agenda No. 29 | Addı | ress 8217 Man | usion Hillitte |
| | | Madiso | m 53719 |
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| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
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| Are you being paid for your representa | tion? | | Yes No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | paid duties for thi | s person or organization? e rest of this form. If you a | Yes PNo Inswered "yes," go on to the next |
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| If you that: | are beir | ng paid for your repr | resentation, or if you | r appearance is part o | f other paid duties, do | you understand |
| | 1. | Before you engage with the City Clerk | | oyist, you or your prin | cipal must file an autho | orization No |
| | 2 . | Your principal is n with the City Clerk | ~ | orize you to lobby un | less the principal is re | egistered |
| | 3. | period (calendar qu | | must file expense state | oying services in any rements with the City (| |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| | Nam | e Brendon D | ybdahl | |
| Agenda No. 29 | Addı | ess 6750 Part | c Ridge Dr. B | |
| - | | Name Brendon Dybdahl Address 6750 Park Ridge Dr., B Madison, WI 53719 | | |
| Adding the second secon | | 1-12-21> 20-24 , VC | 12 2 111 | |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | | |
| Oppose | | × | × | |
| Neither support nor oppose | | | | |
| I wish to speak | | | | |
| Available for information only | | | | |
| At this meeting are you representing ar | . • • | | □ voa Ma | |
| Name, address and telephone number of | | | | |
| Are you being paid for your representa | tion? | | Yes No | |
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| Are you an governmenta | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
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| | 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) |
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| Date | Signature |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| <u> </u> | Nam | e Kristi | Gilmore | |
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| | | Madis | on. Wi 53704 | |
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| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | X | |
| Oppose | X | Х | | |
| Neither support nor oppose | | | | |
| I wish to speak | | | * | |
| Available for information only | | | | |
| question) Name, address and telephone number of ea | ach person or org | ganization you are repr | esenting: | |
| Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes No | | | | |
| (If you answered "no," STOP; you need n question) | ot complete the | rest of this form. If you | i answered "yes," go on to the next | |
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| Are you an o | | ppearing sole | ly on behalf of your offi | ice or for your mun | icipality or other No |
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| | red "yes" to the question ou answered "no" to the | | need not complete the rest n to the next question.) | of this form, except t | hat you must sign |
| If you are beithat: | ing paid for your represe | ntation, or if y | your appearance is part of | other paid duties, d | o you understand |
| 1 | Before you engage in l with the City Clerk? | obbying as a l | obbyist, you or your princ | ipal must file an auth | norization No |
| 2. | Your principal is not p with the City Clerk? | permitted to a | uthorize you to lobby unl | less the principal is | registered 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? | | | | |
| (If you answe Office at Roor | red "no" to any of the la n 103 of the City-County | st three questi Building, Maa | ons, please call the City (lison, for more information | Clerk at 266-4601 or n.) | go to the Clerk's |
| Date 9-2 | 0.05 | Signature | Shusti d. (| March | |
| | | Print Name | Kristi L | Gilmore | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addı | IA. | HEATL AW 53704 |
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| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 Repealing smoking ban |
| | Referendum | Hardship Exemption | Repeating smoking ban |
| Support | | | × |
| Oppose | Jan. | <i>y</i> =2, | |
| Neither support nor oppose | - Decision | | / Sh. |
| I wish to speak | | | |
| Available for information only | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of e | | | |
| Are you being paid for your representation | n? | | Yes No |
| Are you appearing as part of your other pa (If you answered "no," STOP; you need question) | aid duties for this | s person or organization? erest of this form. If you ar | Yes No nswered "yes," go on to the next |
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| Date _ | · | Signature |
| | | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | _ |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | X | |
| Oppose | X | X | | |
| Neither support nor oppose | | | | _ |
| I wish to speak | | | 4 | |
| Available for information only | | | | _ |
| question.) Name, address and telephone number of | f each person or or | ganization you are represe | nting: | |
| Are you being paid for your representat | ion? | | ☐ Yes ☐ No | |
| Are you appearing as part of your other (If you answered "no," STOP; you nee question) | paid duties for this d not complete the | s person or organization? rest of this form. If you ar | Yes No nswered "yes," go on to the next | |
| Speaking Limit: | ******************** | 4 minutes | | |
| REGISTRANT # 84 | (See | Back) | | |

| Are you an e governmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|------------------------------|--|
| | 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 bei that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 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? |
| | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) |
| Dat <u>Bo</u> p | to, 2005 Signature Kathleen A. Albertul Print Name Kathleen A. Albertul |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Add | | HEETI- |
|--|---------------------|---|--|
| Please check the appropriate boxes: | | a de la companya de | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support Oppose Neither support nor oppose | * | * | |
| I wish to speak Available for information only | | | * |
| At this meeting are you representing ar (If you answered "no," STOP; you need question.) Name, address and telephone number of | ed not complete the | e rest of this form. If you a | nswered "yes," go on to the next |
| Are you being paid for your representation Are you appearing as part of your other (If you answered "no," STOP; you need question) | paid duties for thi | s person or organization? crest of this form. If you a | ☐ Yes ☐ No ☐ Yes ☐ No nswered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| RECISTRANT # 85 | (See | Back) | |

| Are you a governme | | cted official who is appearingly? | ng solely on be | chalf of your offi | ice or for your mun Yes | icipality or other No |
|-----------------------|--|--|------------------|--------------------|-------------------------|-----------------------|
| | | l "yes" to the question, STOI answered "no" to the questic | | | of this form, except t | hat you must sign |
| If you are that: | e being | paid for your representation | , or if your app | earance is part of | other paid duties, d | o you understand |
| 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 with the City Clerk? | ed to authorize | you to lobby unl | ess the principal is | registered 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? | | | | | |
| | | ! "no" to any of the last three 03 of the City-County Buildir | | | | go to the Clerk's |
| Date _ 🔏 🤄 | > S≢' | | ature | TANYA | REZCH | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Add | | Ryan Ind Dr WE 53597 |
|--|---------------------|-----------------------------|--|
| Please check the appropriate boxes: | | | |
| Support | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Oppose | X | × | |
| Neither support nor oppose | | | |
| I wish to speak | X | * | + |
| Available for information only | | | |
| (If you answered "no," STOP; you nee question) Name, address and telephone number of | | | |
| Are you being paid for your representati | on? | | Yes No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | | | Yes No inswered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT # <u>6</u> 7 | (See | Back) | |

| Are you an governmenta | lected official who is appearing solely on behalf of your office or for your municipality or other body? Yes No |
|------------------------|--|
| | ed "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign on answered "no" to the question, go on to the next question.) |
| If you are be that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 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 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? |
| | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | ~ | | | |
|--|------------------|---------------------------------------|-----------------------------------|--|--|
| | Nam | ie Rich | Bennett | | |
| Agenda No. 29 | Add | ress 416 S | Park ST | | |
| | | MAD~ V | I | | |
| | | <u> </u> | | | |
| Please check the appropriate boxes: | | | | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | | X | | |
| Oppose | X | X | | | |
| Neither support nor oppose | | | | | |
| I wish to speak | | | Χ | | |
| Available for information only | | | | | |
| At this meeting are you representing an of (If you answered "no," STOP; you need question.) Name, address and telephone number of | not complete the | e rest of this form. If you a | nswered" "yes," go on to the next | | |
| Are you being paid for your representation | on? | | 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 Limit: | | 4 minutes | X. | | |
| | (See | Back) | | | |
| REGISTRANT # 76 | 990) | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | | |

| Are you an elected of governmental body? | official who is appea | aring solely on | benair of your offi | | No 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 that: | for your representation | ion, or if your a | ppearance is part of | other paid duties, | lo you understand | | |
| | e you engage in lobby he City Clerk? | ying as a lobbyi | st, you or your princ | ipal must file an au | thorization No | | |
| | principal is not perm he City Clerk? | nitted to authori | ze you to lobby unl | ess the principal is Yes | registered No | | |
| period | or principal spends or d (calendar quarter), the maining quarters of the | the principal mu | st file expense state | | Clerk for | | |
| (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 9-20 | | ignature | Jechan | Bur | the | | |
| | Pro | rint Name | Kichard | Dennell | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY 29 Agenda No. Please check the appropriate boxes: 01881 01985 01880 Repealing smoking ban Referendum Hardship Exemption \sim Support Oppose Neither support nor oppose I wish to speak Available for information only At this meeting are you representing an organization or a person other than yourself: 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.) Name, address and telephone number of each person or organization you are representing: NITTY CARITIES Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (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 Limit:4 minutes (See Back)

REGISTRANT # 72

| Are you an e governmental | lected official who is a body? | appearing solely | on behalf of yo | our office o | or for your mun Yes | No No |
|------------------------------|---|----------------------|--------------------|--------------|----------------------|-------------------|
| | ed "yes" to the question on answered "no" to the | | | | his form, except t | hat you must sign |
| If you are beinthat: | ng paid for your represe | entation, or if yo | our appearance is | part of oth | er paid duties, d | o you understand |
| 1. | Before you engage in with the City Clerk? | lobbying as a lo | obyist, you or you | ır principal | must file an autl | norization No |
| 2. | Your principal is not with the City Clerk? | permitted to aut | horize you to lol | oby unless | the principal is a | registered No |
| 3 | If your principal spend period (calendar quart the remaining quarters | er), the principa | l must file expens | | | |
| | ed "no" to any of the lo 103 of the City-County | | | | t at 266-4601 or | go to the Clerk's |
| Date <u>9-</u> | 20.05 | Signature Print Name | MALSI | 4 61 | HAPIKO | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | - | | 7 |
|--|--|--|---|
| | Nam | e DAVID W | IGANDUKKY |
| Agenda No. 29 | ٨ ٨٨ | in land the | el Ail |
| Agenda No. | Addi | less /7// HUL | |
| | | MIRAISON | les 53304 |
| | | | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| - | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | Referendani | Thirdship Exemption | |
| Oppose | 1/ | | |
| Neither support nor oppose | | | |
| I wish to speak | | | • |
| Available for information only | | | |
| At this meeting are you representing an or (If you answered "no," STOP; you need question.) Name, address and telephone number of e | not complete the | e rest of this form. If you a | nswered "yes," go on to the next |
| Are you being paid for your representation | n? | | Yes No |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question) | aid duties for thi not complete the | s person or organization? e rest of this form. If you a | Yes No nswered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # 77 | (500 | | |
| REGISTRALL# • • | | | |

| governmental | al body? | • |
|----------------------|--|-------------|
| | vered "yes" to the question, STOP . You need not complete the rest of this form, except that you you answered "no" to the question, go on to the next question.) | ı must sign |
| If you are beinthat: | eing paid for your representation, or if your appearance is part of other paid duties, do you | understand |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorizate with the City Clerk? | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is register with the City Clerk? | |
| 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 the remaining quarters of the calendar year? | for |
| | vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to to om 103 of the City-County Building, Madison, for more information.) | he Clerk's |
| Date | Signature Jave Williamsung | |
| · | Print Name DAVID (WIGANOWSKY | |
| | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | PRINT N | AME CLEARLY |
|---|---------------------|--|---|
| | Nam | e PHIL MIELI | KE |
| Agenda No. 29 | Addı | 917 11/41S | 4 #103 |
| ingenda i voi | Addi | ess <u>917 Wals</u> Madison, U | IT 6371U |
| | J | I IADISON, V | VI 33111 |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | V | V | |
| Neither support nor oppose | | | |
| I wish to speak | | / | V |
| Available for information only | | | 1 - WAY- |
| At this meeting are you representing an of (If you answered "no," STOP; you need question) Name, address and telephone number of | not complete the | e rest of this form. If you | answered "yes," go on to the next |
| Are you being paid for your representation Are you appearing as part of your other part of your answered "no," STOP; you need | aid duties for this | s person or organization? rest of this form. If you | Yes No Yes No answered "yes," go on to the next |
| question.) Speaking Limit: | | 4 minutes | |
| REGISTRANT # 28 | (See | Back) | |

| Are you an elected official who is governmental body? | appearing solely on behalf of your office | or for your municipality or other Yes No |
|---|--|--|
| (If you answered "yes" to the question this form. If you answered "no" to the | n, STOP . You need not complete the rest of the question, go on to the next question.) | his form, except that you must sign |
| If you are being paid for your representat: | entation, or if your appearance is part of oth | ner paid duties, do you understand |
| Before you engage in with the City Clerk? | lobbying as a lobbyist, you or your principal | must file an authorization Yes No |
| 2 Your principal is not with the City Clerk? | permitted to authorize you to lobby unless | the principal is registered Yes No |
| If your principal spend period (calendar quart the remaining quarters | ds or will owe more than \$500 for lobbying er), the principal must file expense statement of the calendar year? | g services in any reporting that the City Clerk for Yes No |
| (If you answered "no" to any of the lo Office at Room 103 of the City-County | ast three questions, please call the City Cler Building, Madison, for more information) | k at 266-4601 or go to the Clerk's |
| Date | Signature | |
| | Print Name | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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|--|---|--|---|
| | Nam | . Matt Law | als |
| Agenda No. 29 | Addı | ress 121 S. Han | nillan St |
| | | Madria | 53703 |
| Please check the appropriate boxes: | | - C. C. Annual Transfer Services | |
| Trease encor the appropriate boxes. | | 04004 | 01005 |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | Kelefelidulli | Hardship Exchiption | Ropouning amouning our |
| Oppose | × | × | × |
| Neither support nor oppose | | | |
| I wish to speak | X | | |
| Available for information only | | | |
| (If you answered "no," STOP; you net question.) Name, address and telephone number of | | | |
| Are you being paid for your representa | tion? | | ☐ Yes ☐ No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | r paid duties for this ed not complete the | s person or organization? rest of this form. If you a | Yes No No Inswered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT # 79 | (See | Back) | |

| ., | | al body? |
|-----------------|--------|--|
| | | vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question) |
| If you that: | are be | eing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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? |
| | 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? |
| | | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| | Narfi | tous | Loslovsky |
| Agenda No. 29 | Add | ress <u>[139] Fa</u> | bline her |
| | | Made | Sarial 1-32 |
| Please check the appropriate boxes: | · · · · · · · · · · · · · · · · · · · | , | , |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | X . | X |
| Neither support nor oppose | - | | |
| I wish to speak | | | |
| Available for information only | | | |
| (If you answered "no," STOP; you need question) Name, address and telephone number of | | | |
| Are you being paid for your representation | | s person or organization? | ☐ Yes ☐ No |
| (If you answered "no," STOP; you need question.) | not complete the | e rest of this form. If you a | <u> </u> |
| Speaking Limit: | ************** | 4 minutes | |
| REGISTRANT # 90 | (See | Back) | |

| Are you an government | al body? The selected official who is appearing solely on behalf of your office or for your municipality or other labely. Yes No |
|--------------------------|--|
| | vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question) |
| If you are b that: | being paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 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 the principal is registered with the City Clerk? |
| 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? |
| | vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| | 7 | | |
| · | Nam | e <u>Tami</u> Trons | 762 |
| Agenda No. 29 | Addı | ess <u>2847</u> Hollo | orn C. Madison WI |
| | | 53718 | |
| | | - 4-3-57 1 (II) | - |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | Χ |
| Oppose | ed. | | |
| Neither support nor oppose | | K | |
| I wish to speak | 4 | * | X |
| Available for information only | | | |
| At this meeting are you representing an o (If you answered "no," STOP; you need question.) Name, address and telephone number of e | not complete the | rest of this form. If you | answered "yes," go on to the next |
| Are you being paid for your representation | n? | | ☐ Yes 🖄 No |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question) | aid duties for this not complete the | s person or organization? rest of this form. If you | Yes XNo answered "yes," go on to the next |
| Speaking Limit: | *************************************** | 4 minutes | |
| REGISTRANT # 30 | (See | Back) | |

| - | | al body? Content of the policy of the pol |
|-----------------|--------|--|
| | | vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question) |
| If you that: | are be | eing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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? |
| | 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? |
| | | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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|--|------------------|-----------------------------|---|
| | Nam | e DAVID | AMRENS Royledge St |
| Agenda No. 29 | Addi | ress 1021 | P. mle-lap St |
| | 1100 | W 1 01 . 14 | P. C. |
| | | - Made | |
| Please check the appropriate boxes: | | | |
| Trease encor are appropriate boxes. | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | | | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | - |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | | | |
| Are you being paid for your representation | | | ☐ Yes ☐ No |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | not complete the | rest of this form. If you d | |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT#_ E _ | (See] | Back) | |

| | Are you an elected official who is appearing solely on behalf of your office of for your municipality of other covernmental body? | | | | |
|-----------------|---|--|--|--|--|
| | | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) | | | |
| If you that: | are be | eing paid for your representation, or if your appearance is part of other paid duties, do you understand | | | |
| | 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? | | | |
| | 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? | | | |
| | | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) | | | |
| Date _ | | Signature | | | |
| | | Print Name | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | <u> </u> | |
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| | Nam | | |
| Agenda No. 29 | Addr | ess 513 Ed W | and St |
| | 1 | MAADIS | 50W, W1 6 37 |
| | <u></u> | | |
| Please check the appropriate boxes: | | | |
| | T | | |
| | 01880 | 01881 | 01985 |
| <u> </u> | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | Y | V | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| (If you answered "no," STOP; you need question) Name, address and telephone number of | | | |
| Are you being paid for your representation? | | | |
| 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 Limit:4 minutes | | | |
| | (See 1 | Rack) | |
| REGISTRANT # 32 | | | |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental 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 bei that: | ing paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | |
| 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? | | | | | |
| | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information) | | | | | |
| Date | Signature | | | | | |
| | Print Name | | | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| · | Nam | | nce Schmod |
| Agenda No. 29 | Addı | ess 5138d | warast. |
| | | MADE | 50N, WI 53711 |
| Please check the appropriate boxes: | _ | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | | | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | | | |
| Are you being paid for your representation | | | ☐ Yes ☐ No |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question) | not complete the | rest of this form. If you a | ☐ Yes ☐ No inswered "yes," go on to the next |
| Speaking Limit: | ************* | 4 minutes | |
| REGISTRANT # 33 | (See | Back) | |

| | | body? | | | | |
|-----------------|---|--|--|--|--|--|
| | If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign his form. If you answered "no" to the question, go on to the next question.) | | | | | |
| If you that: | are be | ing paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | |
| | 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? | | | | |
| | | rred "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) | | | | |
| Date _ | ·· . | Signature | | | | |
| | | Print Name | | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Add | | Elderberry Ro |
|---|---|--|---|
| Please check the appropriate boxes: | | • | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | × | X | X |
| Neither support nor oppose | | | |
| I wish to speak | X | X | X |
| Available for information only | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of AMCO (CA) B311 EL (LEV) EX | each person or or | • | |
| Are you being paid for your representation? | | | |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question) | paid duties for this not complete the | s person or organization? rest of this form. If you a | Yes No nswered "yes," go on to the next |
| Speaking Limit: | *************************************** | 4 minutes | |
| REGISTRANT # 90 | (See | Back) | |

| (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.) | | | | |
|--|--|--|--|--|
| and | | | | |
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| k's | | | | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | PRINT NA | AME CLEARLY |
|--|--|--|---|
| Agenda No. 29 | Nam Add | | mech WAShinghun# NI 53704 |
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose | 1 | | |
| Neither support nor oppose | 1 | | |
| I wish to speak | | | 4 |
| Available for information only | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | | | |
| Are you being paid for your representation | on? | | ☐ Yes ☐ No |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question) | oaid duties for this I not complete the | s person or organization? rest of this form. If you ar | Yes ANO nswered "yes," go on to the nex |
| Speaking Limit: | *************************************** | 4 minutes | |
| REGISTRANT # 34 | (See | Back) | |

| | | elected official who is appearing solely on behalf of your office or for your municipality or other loody? |
|-------------------|-----------------|--|
| | | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question) |
| If you that: | are be | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 the principal is registered with the City Clerk? |
| | 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? |
| (If you Office | answe at Roo | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) |
| Date _ | <u></u> | Signature |
| | | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | - | PRINT N. | AME CLEARLY | |
|---|--|---|--------------------------------------|----------|
| Agenda No. 29 | Nam Addi | 15111 006 | Commetor Mosth vist | |
| | | MANDON | M / 210 | <u> </u> |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking b | an |
| Support | | | | |
| Oppose | > < | × | × | |
| Neither support nor oppose | <u> </u> | | | |
| I wish to speak | | > | <u> </u> | |
| Available for information only | | <u> </u> | | |
| (If you answered "no," STOP; you question) Name, address and telephone number | | | | |
| Are you being paid for your represer | | | ☐ Yes No | |
| Are you appearing as part of your of (If you answered "no," STOP; you question) | her paid duties for thi need not complete the | s person or organization? e rest of this form. If you o | Yes No unswered "yes," go on to t | he next |
| Speaking Limit: | *************************************** | 4 minutes | | |
| REGISTRANT # 91 | (See | Back) | | |

| | | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|-----------------|----------|--|
| | | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| If you that: | are be | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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? |
| | 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? |
| | | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) |
| Date _ | <u>.</u> | Signature Print Name |
| | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | PRINT NAME CLEARLY | | | |
|--|------------------------|---------------------------|---|--|
| | Nam | e Lynn | HAKER | |
| Agenda No. 29 | Addı | ress 1401 S. W | HATTHEY WILL | |
| | | MADISON, | WI 537-11 | |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | | |
| Oppose | | | | |
| Neither support nor oppose | | | | |
| I wish to speak | | | | |
| Available for information only | | | | |
| (If you answered "no," STOP; you ne question.) Name, address and telephone number of | | | | |
| Are you being paid for your representa Are you appearing as part of your othe (If you answered "no," STOP; you ne | r paid duties for this | s person or organization? | Yes No Yes No swered "yes," go on to the next | |
| question.) | • | | | |
| Speaking Limit: | | 4 minutes | | |
| REGISTRANT # 40 | (See | Back) | | |

| _ | ou an e nmental | | is appearing solely | on behalf of your office of | or for your mun | icipality or other No |
|-----------------|--------------------|--|---|---|--------------------|-----------------------|
| | | | estion, STOP. You need the question, go on t | ed not complete the rest of the to the next question) | is form, except t | hat you must sign |
| If you that: | are bei | ng paid for your re | presentation, or if you | ur appearance is part of oth | er paid duties, d | o you understand |
| | 1 | Before you engage with the City Clerk | | byist, you or your principal | must file an auth | norization No |
| | 2 | Your principal is with the City Clerk | | orize you to lobby unless | the principal is i | registered No |
| | 3 | period (calendar q | | ore than \$500 for lobbying must file expense statemen ear? | | |
| | | | | s, please call the City Clerk on, for more information.) | at 266-4601 or | go to the Clerk's |
| Date | 9- | -20-05 | Signature | Lymy La | | |
| | | | Print Name | Lynn | HALBE | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nan Add | ress 124 Gara MASISON | JELVICE JIMA CIR WOI 5346 |
|--|---|--|---|
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | X |
| Oppose | X | X | |
| Neither support nor oppose | | | |
| I wish to speak | | | X |
| Available for information only | | | |
| (If you answered "no," STOP; you need question.) | l not complete the | e rest of this form. If you ar | nswered "yes," go on to the next |
| (If you answered "no," STOP; you need question) Name, address and telephone number of Protectes) いしょう | each person or or | e rest of this form. If you ar | nswered "yes," go on to the next |
| If you answered "no," STOP; you need question) Name, address and telephone number of Buckets had be to the first that the MADISON, WI 55716 | each person or or | e rest of this form. If you ar | nswered "yes," go on to the next |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of Buckeys Inches to the telephone of the telephone number of | each person or or | e rest of this form. If you ar | nswered "yes," go on to the next |
| · · · · · · · · · · · · · · · · · · · | each person or | rest of this form. If you are represent the second of this form. If you are represent the second of | nswered "yes," go on to the next nting: WYES No |
| Name, address and telephone number of Byckets) who have the first telephone number of the first | each person or or or or on? on? onder duties for this is not complete the | ganization you are represent to provide the special sp | nswered "yes," go on to the next nting: WYES No |

| | ou an e imental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|-------------------|--------------------|--|
| | | 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 that: | are bei | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 the principal is registered with the City Clerk? |
| | 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? |
| (If you Office | answei at Roon | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e Gary | Poulson | | |
|---|---------------------|---------------------------|-----------------------|--|--|
| Agenda No. 29 | Addı | ess <u>637</u> | Charles Ln | | |
| | | Mali | sn 53711 | | |
| Please check the appropriate boxes: | | | | | |
| - | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | | | | |
| Oppose | | ν | <i></i> | | |
| Neither support nor oppose | | | | | |
| I wish to speak | V | | | | |
| Available for information only | | | | | |
| question.) Name, address and telephone number of a factor (-vee | | | enting: | | |
| Are you being paid for your representation Are you appearing as part of your other p | | s 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 Limit: | ******************* | 4 minutes | | | |
| | (See) | Back) | | | |
| REGISTRANT # | 1 330) | <i>buch)</i> | | | |

| - | ou an e nmental | elected official who is appearing solely on behalf of your office of for your municipality of other body? |
|-------------------|--------------------|--|
| | | 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 that: | are bei | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 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? |
| (If you Office | answei at Roon | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 Please check the appropriate boxes: | Nam Addı | 10-50 | ndgren Numenter St. #205 On, W/ 53562 |
|--|---------------------|-----------------------------|---|
| rease effect the appropriate toxes. | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose | | | |
| Neither support nor oppose | | | • |
| I wish to speak | 1 | | |
| Available for information only | | | |
| Name, address and telephone number of Libertarian Party of Day 2005 Orelaway Cross, 715-475-9104 | e County | ganization you are represe | |
| Are you being paid for your representation | n? | | Yes No |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | | | Yes No nswered "yes," go on to the next |
| Speaking Limit: | *************** | 4 minutes | |
| REGISTRANT # 42 | (See I | Back) | |

| | | elected official who is appearing solely on behalf of your office or for your municipality or other loody? |
|-------------------|-----------------|--|
| | | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| If you that: | are be | ring paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 the principal is registered with the City Clerk? |
| | 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? |
| (If you Office | answe at Roo | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| PRINT | NAME | CLEA | RLY |
|--------------|------|------|-----|
|--------------|------|------|-----|

| | | PRINT N | AVIE CLEARLY | | |
|--|-------------------|----------------------------|--|--|--|
| Agenda No. 29 |] | Name Address Dool Man Held | | | |
| Please check the appropriate boxes: | | | 5320 | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | | | | |
| Oppose | V | 1 | | | |
| Neither support nor oppose | | | | | |
| I wish to speak | 1 | 1 | | | |
| Available for information only | | 1 | | | |
| Name, address and telephone number of | each person or or | ganization you are repres | enting: | | |
| Are you being paid for your representation | | | Yes No | | |
| Are you appearing as part of your other factoring (If you answered "no," STOP; you need question.) | | | Yes No Inswered "yes," go on to the next | | |
| Speaking Limit: | **************** | 4 minutes | | | |
| REGISTRANT # 96 | (See] | Back) | | | |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | |
|---|--|--|--|--|--|
| | 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 beinthat: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | |
| 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? | | | | |
| 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? | | | | |
| (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 | | | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e Michael C | aspersen |
|--|---------------------|-----------------------------|-----------------------------------|
| Agenda No. 29 | Add | ress 3418 Howe | Au. |
| 9 | 1100 | Madison, a | . 0 |
| | _1 | MARISON, G |) den- |
| Please check the appropriate boxes: | | | |
| Trease effects the appropriate cones. | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | X | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | <u> </u> | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | | | |
| Are you being paid for your representation Are you appearing as part of your other parts. | paid duties for thi | s person or organization? | ☐ Yes No ☐ Yes No |
| (If you answered "no," STOP; you need question) Speaking Limit: | not complete the | rest of this form. If you a | inswered "yes," go on to the next |
| Speaking Limit. | | ····· Tillituton | |
| REGISTRANT # 43 | (See | Back) | |

| Are you an e governmental | body? | | | | |
|----------------------------------|--|--|--|--|--|
| | (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 bei that: | ing paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | |
| 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? | | | | |
| (If you answer Office at Roon | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) | | | | |
| Date | Signature | | | | |
| | Print Name | | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | - | | |
|--|-------------------|--------------------------|-----------|----------------------|
| | Nam | · PATRICIA | · GAD | W) |
| Agenda No. 29 | Addı | ess 3330 V | Destulew | LN |
| | | Malsan | 1115 | 53113 |
| · | _4 | | | |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01 | 985 |
| | Referendum | Hardship Exemption | Repealing | smoking ban |
| Support | | | L or | |
| Oppose | | | | |
| Neither support nor oppose | | | | |
| I wish to speak | <u>レ</u> | | | |
| Available for information only | | | | or come or coder non |
| Name, address and telephone number of | each person or or | ganization you are repre | senting: | |
| Are you being paid for your representation | on? | | Yes | X No |
| Are you appearing as part of your other paid duties for this person or organization? [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 Limit:4 minutes | | | | |
| REGISTRANT #(See Back) | | | | |

| Are yo | | elected official who is appearing solely on behalf of your office or for your municipality or other 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 a | are bei | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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? |
| | | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | A ICITY A 142 | THE CELEBRATE |
|---|---|--|---|
| | Nam | | Nheeler |
| Agenda No. 29 | Addı | ress 4781 Ve | mon Rd |
| | Addi | Madison, w | JE 53704 |
| | | | |
| Please check the appropriate boxes: | • | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | | ✓ | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | <u> </u> | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | · | | |
| Are you being paid for your representati | on? | | ☐ Yes ☐ No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question) | paid duties for this d not complete the | s person or organization? rest of this form. If you a | Yes No No Inswered "yes," go on to the next |
| Speaking Limit: | ••••••• | 4 minutes | |
| REGISTRANT # 45 | (See | Back) | |

| Are you an elected official who is ap governmental body? | ppearing solely | y on behalf of yo | our office of for | your muni | cipality or other No |
|--|------------------|--------------------|-------------------|--------------|-----------------------|
| (If you answered "yes" to the question, this form. If you answered "no" to the q | | | | m, except th | nat you must sign |
| If you are being paid for your representhat: | tation, or if ye | our appearance is | part of other pai | d duties, do | you understand |
| 1 Before you engage in lo with the City Clerk? | bbying as a lo | bbyist, you or you | ır principal must | file an auth | orization No |
| 2. Your principal is not pe with the City Clerk? | ermitted to au | thorize you to loh | iby unless the pr | incipal is r | egistered No |
| 3 If your principal spends period (calendar quarter the remaining quarters or |), the principa | l must file expens | | | |
| 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 9-20 05 | Signature | MU | hh. | • | |
| | Print Name | Michele | Wheeler | <i>5</i> | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e PATRICIA J. | MILLER | |
|--|---|--|--|--|
| Agenda No. 29 | Name PATRICIA J. MILLER Address 2457 47 HAM ST #2 | | | |
| • | | MADISON U | tt. 53704 | |
| | | 71410 | | |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | CIGAR BARS ONLY | | |
| Oppose | X | × | × | |
| Neither support nor oppose | | | | |
| I wish to speak | | | ≰ . | |
| Available for information only | | | | |
| Name, address and telephone number of | each person or or | ganization you are represer | nting: | |
| | | | | |
| Are you being paid for your representation | on? | | ☐ Yes | |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | aid duties for thi not complete the | s person or organization? erest of this form. If you an | Yes No swered "yes," go on to the next | |
| Speaking Limit: | | 4 minutes | • | |
| REGISTRANT # 39 | (See | Back) | | |

| Are you an elected official who is governmental body? | s appearing solely on behalf of your | Yes No |
|---|--|---|
| | ion, STOP . You need not complete the the question, go on to the next question, | rest of this form, except that you must sign |
| If you are being paid for your reprethat: | esentation, or if your appearance is par | rt of other paid duties, do you understand |
| 1 Before you engage in with the City Clerk? | n lobbying as a lobbyist, you or your p | orincipal must file an authorization Yes No |
| 2. Your principal is no with the City Clerk? | ot permitted to authorize you to lobby | unless the principal is registered Yes No |
| period (calendar qua | ends or will owe more than \$500 for leater), the principal must file expense sers of the calendar year? | |
| | last three questions, please call the Ci ty Building, Madison, for more inform | ity Clerk at 266-4601 or go to the Clerk's ation) |
| Date | Signature | |
| | Print Name | |

4

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | PRINT NAME CLEARLY | | | |
|--|---------------------------------------|--------------------|--|--|
| Agenda No. 29 | Nam Addi | | Doeppers 1472/ Herbits, IL 60004 | |
| Please check the appropriate boxes: | | | ,, <i>y</i> ,, , | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | |
| Oppose | | | | |
| Neither support nor oppose | ~ | | | |
| I wish to speak Available for information only | , A | 1 | <i>V</i> , | |
| At this meeting are you representing an organization or a person other than yourself: X 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: Campalan for Tobacco fold POR RAY 1472 | | | | |
| Are you being paid for your representation | on? | | 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 Limit:4 minutes | | | | |
| | (\$60) | Rack) | | |
| (See Back) REGISTRANT # | | | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | |
|---|---|--|--|--|--|
| | | 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.) | | | |
| If you a that: | are beir | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | |
| | 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? | | | |
| (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 | 9/2 | Signature Print Name | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e NICHOLAS | T. SAGANSKI |
|---|--------------------------------------|---|---|
| Agenda No. 29 | Addı | | GORHAM ST. #1 |
| | 7100 | | |
| | | | , WI 53703 |
| Please check the appropriate boxes: | | · | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | X | X |
| Oppose | X | | |
| Neither support nor oppose | | | |
| I wish to speak | | | X |
| Available for information only | | | |
| Name, address and telephone number of | each person or or | ganization you are repres | enting: |
| Are you being paid for your representation | n? | | ☐ Yes ☐ No |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question) | aid duties for this not complete the | s person or organization? rest of this form. If you o | ☐ Yes ☐ No answered "yes," go on to the next |
| Speaking Limit: | ************ | 4 minutes | |
| REGISTRANT # 47 | (See | Back) | |

| Are you an elected official who is governmental body? | appearing solely on behalf of you | Yes No |
|---|--|---|
| (If you answered "yes" to the question this form. If you answered "no" to the | | e rest of this form, except that you must sign n.) |
| If you are being paid for your repre that: | sentation, or if your appearance is p | part of other paid duties, do you understand |
| Before you engage in with the City Clerk? | n lobbying as a lobbyist, you or your | principal must file an authorization Yes No |
| 2. Your principal is not with the City Clerk? | t permitted to authorize you to lobb | y unless the principal is registered Yes No |
| period (calendar quar | nds or will owe more than \$500 for rter), the principal must file expense s of the calendar year? | |
| (If you answered "no" to any of the Office at Room 103 of the City-Count | | City Clerk at 266-4601 or go to the Clerk's mation) |
| Date | Signature | |
| | Print Name | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addı | 100 | |
|---|--------------------------------------|--|---|
| Please check the appropriate boxes: | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | X |
| Oppose | <u>X</u> | X | |
| Neither support nor oppose | · | | |
| I wish to speak | | | <u> </u> |
| Available for information only | | | - |
| At this meeting are you representing an o (If you answered "no," STOP; you need question.) Name, address and telephone number of MONERN SPECIALTY CO 4502 HELBESEN NO MADISON NI 53718 | not complete the | rest of this form. If you a | nswered ves," go on to the next |
| Are you being paid for your representation | n? | | ☐ Yes No |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | aid duties for this not complete the | s person or organization? rest of this form. If you a | ☐ Yes ☐ No nswered "yes," go on to the next |
| Speaking Limit: | ***************** | 4 minutes | |
| REGISTRANT # 52 | (See] | Back) | |

| 110 | ntal body? Yes No |
|----------------------------|--|
| (If you and this form. | swered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question.) |
| If you are that: | being paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 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? |
| (If you ans Office at R | ewered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's com 103 of the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e Dovothy I | Borcharett |
|---|--------------------|-----------------------------|-----------------------|
| Agenda No. 29 | Ađđ | ress 1717 29kg | a herry |
| | | | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | <u></u> |
| Oppose | L. | <u></u> | |
| Neither support nor oppose | | | |
| I wish to speak | | | <u></u> |
| Available for information only | | | |
| Name, address and telephone number of | each person or or | ganization you are represe | enting: |
| Are you being paid for your representation. Are you appearing as part of your other parts of your other parts of your other parts. | | s person or organization? | Yes No |
| (If you answered "no," STOP; you need question) | l not complete the | rest of this form. If you a | |
| Speaking Limit: | **************** | 4 minutes | |
| REGISTRANT # 53 | (See] | Back) | |

| Are you an el governmental l | body? | Yes No |
|------------------------------|--|--|
| | ed "yes" to the question, STOP. You need not complete the result unanswered "no" to the question, go on to the next question) | st of this form, except that you must sign |
| If you are bein that: | ng paid for your representation, or if your appearance is part | of other paid duties, do you understand |
| 1. | Before you engage in lobbying as a lobbyist, you or your prin with the City Clerk? | ncipal must file an authorization Yes No |
| 2. | Your principal is not permitted to authorize you to lobby us with the City Clerk? | nless the principal is registered Yes No |
| | If your principal spends or will owe more than \$500 for lob period (calendar quarter), the principal must file expense starthe remaining quarters of the calendar year? | |
| | ed "no" to any of the last three questions, please call the City 103 of the City-County Building, Madison, for more informati | |
| Date | Signature | |
| | Print Name | Mari (Marin) and (Marin) a |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | • | | | |
|--|---------------------|---|---------------------------------------|----------------------|
| | Nam | e JANE K. | SANDERS | or) |
| Agenda No. 29 | Addı | ress 4314 REM | 11N 670N | 20 . |
| | | MAPISAN | | |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01 | 985 |
| | Referendum | Hardship Exemption | Repealing | smoking ban |
| Support | | | | V |
| Oppose | - L | | | |
| Neither support nor oppose | | | | |
| I wish to speak | | | | <u></u> |
| Available for information only | | | · · · · · · · · · · · · · · · · · · · | |
| Name, address and telephone number of e | each person or or | ganization you are repres | enting: | |
| Are you being paid for your representatio | n? | | Yes | No |
| Are you appearing as part of your other pa (If you answered "no," STOP; you need question) | aid duties for this | s person or organization? erest of this form. If you | ☐ Yes answered "yes," | No go on to the next |
| Speaking Limit: | ************* | 4 minutes | | |
| REGISTRANT # 59 | (See | Back) | | |

| Are you an e governmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|------------------------------|--|
| | ered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| If you are bei that: | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 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? |
| | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | PRINT N | AME CLEARLY |
|--|---|--|---|
| | Nam | e Travis A | 1c Guigan |
| Agenda No. 29 | Addı | ress 4548 Winn | equal Rd |
| | Monona WI 5376 | | |
| | | 1 x 1 x 1 x 1 x 1 x 2 x | 23/1- |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | 1 | | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | | | |
| | | | |
| Are you being paid for your representa | tion? | | Yes No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | r paid duties for this ed not complete the | s person or organization? rest of this form. If you a | ☐ Yes ☐ No inswered "yes," go on to the next |
| Speaking Limit: | •••••• | 4 minutes | |
| | (See] | Back) | |
| REGISTRANT # 40 | | | |

| | ou an e imental | elected official who body? | is appearing solely | y on behalf of yo | our office or fo | r your mun Yes | icipality or other No |
|-----------------|--------------------|--|-----------------------|---------------------|----------------------------------|---------------------------|------------------------------|
| | | red "yes" to the ques ou answered "no" to | | | | orm, except t | hat you must sign |
| If you that: | are bei | ng paid for your rep | resentation, or if y | our appearance is | part of other pa | aid duties, de | o you understand |
| | 1. | Before you engage with the City Clerk | | bbyist, you or you | ır principal mus | t file an auth | norization No |
| | 2. | Your principal is r with the City Clerk | | thorize you to lob | bby unless the p | principal is 1 | registered No |
| | 3. | If your principal speriod (calendar quant | uarter), the principa | al must file expens | or lobbying service statements w | vices in any ith the City | reporting Clerk for No |
| Office (| | red "no" to any of th n 103 of the City-Cor | ınty Building, Madı | | | 266-4601 or | go to the Clerk's |
| Date _ | | | Signature Print Name | | - | | |
| | | | | | | | |
| | | | | | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | IMMINA | WIE CEEARD I |
|---|--|---|--|
| | Nam | e RICHARO S | . ROJEU |
| Agenda No. 29 | A ddi | ress 26\$12 KEND | |
| | 21001 | | |
| | | MINDIZON M | 1 53705-3736 |
| Di | | | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | × | X | × |
| Neither support nor oppose | | | |
| I wish to speak | × | | the state of the s |
| Available for information only | | | <u> </u> |
| Name, address and telephone number o | of each person or or | ganization you are represe | enting: |
| Are you being paid for your representat | tion? | | Yes No |
| Are you appearing as part of your other (If you answered "no," STOP; you nee question.) | paid duties for this ed not complete the | s person or organization? erest of this form. If you a | Yes No nswered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT # 31 | (See | Back) | |

| | | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|-----------------|---------|--|
| | | 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 that: | are bei | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 the principal is registered with the City Clerk? |
| | 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? |
| | | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |
| | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | | |
|--|---|--|---|
| | Nam | SCOTT ' | TOOMEY |
| Agenda No. 29 | 1 . | | |
| Agenda 110. | Addr | ess <u> </u> | NAMME LAWE N 53716 |
| | | MADISO | N 33116 |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | اسسا | | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| name, address and telephone number of Coal from to BADTENDEN South Bay Low | each person or or | ganization you are represe Ma dison J. | enting: |
| Are you being paid for your representation | on? | | Yes No |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | aid duties for this not complete the | s person or organization? rest of this form. If you a | Yes No nswered "yes," go on to the next |
| Speaking Limit: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 4 minutes | |
| REGISTRANT # | (See | Back) | |

| | | elected official who is appal body? | bearing solely | on benaif of your office of | Yes | No | |
|-----------------|---|--|-----------------|--|--|------------------|--|
| | | ered "yes" to the question, S you answered "no" to the qu | | ed not complete the rest of thi to the next question) | s form, except th | at you must sign | |
| If you that: | are be | eing paid for your represent | ation, or if yo | ur appearance is part of othe | r paid duties, do | you understand | |
| | 1 | Before you engage in lob with the City Clerk? | bying as a lob | byist, you or your principal r | nust file an auth | orization No | |
| | 2. | Your principal is not per with the City Clerk? | mitted to auti | horize you to lobby unless th | to lobby unless the principal is registered Yes No | | |
| | If your principal spends or will owe more than \$500 for lobbying service period (calendar quarter), the principal must file expense statements with the remaining quarters of the calendar year? | | | | | | |
| | | ered "no" to any of the last om 103 of the City-County Bi | | ns, please call the City Clerk on, for more information) | at 266-4601 or g | to the Clerk's | |
| Date _ | | | Signature | | | | |
| | | • | Print Name | i to the second s | . <u>.</u> . | ··· | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | - | | |
|--|---|---|---|
| | Nam | e Nate Al | tfeather |
| Agenda No. 29 | Addı | ess /8 5. Ov | |
| | Ì | | VI 53715 |
| | 4 | | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | <u> </u> | X | |
| Neither support nor oppose | - | | |
| I wish to speak | $-\!$ | * | × |
| Available for information only | | | · |
| Name, address and telephone number of ex | ach person or or | ganization you are represe | enting: |
| Are you being paid for your representation | n? | | ☐ Yes ☐ No |
| Are you appearing as part of your other pa (If you answered "no," STOP; you need need need to question.) | id duties for this not complete the | s person or organization? rest of this form. If you a | Yes No nswered "yes," go on to the next |
| Speaking Limit: | ************ | 4 minutes | |
| REGISTRANT# 26 | (See | Back) | |

| Are you an elected governmental body? | I official who is appearing solely on behalf of your office of? | Yes No |
|---------------------------------------|--|--|
| | ves" to the question, STOP. You need not complete the rest of the swered "no" to the question, go on to the next question.) | his form, except that you must sign |
| If you are being pai that: | id for your representation, or if your appearance is part of oth | er paid duties, do you understand |
| | ore you engage in lobbying as a lobbyist, you or your principal the City Clerk? | must file an authorization Yes No |
| | r principal is not permitted to authorize you to lobby unless the City Clerk? | the principal is registered Yes No |
| perio | our principal spends or will owe more than \$500 for lobbying od (calendar quarter), the principal must file expense statemen remaining quarters of the calendar year? | services in any reporting its with the City Clerk for Yes No |
| | to " to any of the last three questions, please call the City Clerk of the City-County Building, Madison, for more information.) | k at 266-4601 or go to the Clerk's |
| Date | Signature | |
| | Print Name | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e Darlono | Murohy |
|--|---|---|--|
| Agenda No. 29 | Addı | 11000 | plint Rd. |
| 3 | | | WI 53718 |
| | | 11/2/06/10/03/11 | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | X | ν |
| Neither support nor oppose | | | |
| I wish to speak | X | X. | * |
| Available for information only | | | |
| Name, address and telephone number of | each person or or | ganization you are repres | enting: |
| Are you being paid for your representation | on? | | ☐ Yes ☐ No |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question) | aid duties for this not complete the | s person or organization? erest of this form. If you o | Yes No Inswered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT # 21 | (See | Back) | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No | | | | | |
|-------------------|--|---|--|--|--|--|
| | | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) | | | | |
| If you that: | u are b | eing paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | |
| • | 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 the principal is registered with the City Clerk? | | | | |
| | 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? | | | | | |
| | | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) | | | | |
| Date _. | | Signature | | | | |
| | | Print Name | | | | |
| | | | | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Name | . Rois | OLOBERG |
|---|---|---|--|
| Agenda No. 29 | Addr | ess 56/ | 2 TONYAWATHA |
| 115011111111111111111111111111111111111 | , 1001 | | ONA, W, 53716 |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| _ † | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | \ <u>\</u> | |
| Neither support nor oppose | | | |
| I wish to speak | | | X |
| Available for information only | | | |
| Name, address and telephone number of | each person or or | ganization you are repre | esenting: |
| 17 ATLA | 5 07 | MADISON, | WI 53714 |
| Are you being paid for your representation | on? | ŕ | Yes No |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question) | paid duties for thi not complete the | s person or organization e rest of this form. If you | ? Yes No answered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| REGISTRANT # | (See | Back) | |

| Are you an elected official w governmental body? | tho is appearing solely on behalf of | of your office or for your municipality or other Yes No |
|--|--|---|
| | question, STOP. You need not compl " to the question, go on to the next qu | ete the rest of this form, except that you must sign uestion) |
| If you are being paid for your that: | representation, or if your appearance | ee is part of other paid duties, do you understand |
| 1 Before you eng with the City C | | your principal must file an authorization Yes No |
| 2. Your principal with the City Ci | - | o lobby unless the principal is registered Yes No |
| period (calenda | | 00 for lobbying services in any reporting pense statements with the City Clerk for Yes No |
| , , , | of the last three questions, please cal County Building, Madison, for more | ll the City Clerk at 266-4601 or go to the Clerk's information.) |
| Date | Signature | |
| | Print Name | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | 1 1/1/-1 | fister Avu M 53715 |
|---|--|--|--|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose | X | X | X |
| Neither support nor oppose | | | |
| I wish to speak Available for information only | X | | |
| (If you answered "no," STOP; you ne question) Name, address and telephone number | | | |
| Are you being paid for your represents | ntion? | | Yes No |
| Are you appearing as part of your othe (If you answered "no," STOP; you ne question.) | er paid duties for thi eed not complete the | s person or organization? e rest of this form. If you a | Yes No No nswered "yes," go on to the next |
| Speaking Limit: | •••• | 4 minutes | |
| REGISTRANT# 26 | (See | Back) | |

| | Print Name |
|------------------------|--|
| Date | Signature |
| | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) |
| 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? |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? |
| If you are be that: | eing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 100 | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| Are you an governmenta | elected official who is appearing solely on behalf of your office of for your municipality of other labody? |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | <u> </u> | |
|---|---|--|---|
| · | Nam | ne Walter S | Sineral Point Rd |
| Agenda No. 29 | Add | ress 4025 / | lineral Point Rd |
| | | Madison | 53709 |
| Please check the appropriate boxes: | i | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | Referendant | Traidsinp Exemption | Tropoums omorms our |
| | | | <u> </u> |
| Oppose | | | : |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | | | |
| Are you being paid for your representati | on? | | ☐ Yes ☐ No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question) | paid duties for thi I not complete the | s person or organization? e rest of this form. If you a | ☐ Yes ☐ No inswered "yes," go on to the next |
| Speaking Limit: | ••••••• | 4 minutes | |
| REGISTRANT # 14 | (See | Back) | |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | |
|---|--|--|--|--|--|
| | rred "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, do you understand | | | | |
| 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? | | | | |
| 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? | | | | |
| | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) | | | | |
| Date | Signature | | | | |
| | Print Name | | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | 1 1/2 | 'N YU |
|--|---|--|--|
| Please check the appropriate boxes: | | | |
| | , , , , , , , , , , , , , , , , , , , | 01001 | 01985 |
| | 01880 | 01881 Hardship Exemption | Repealing smoking ban |
| | Referendum | Hardship Exemption | Repeating smoking ban |
| Support | | X | X |
| Oppose | | | |
| Neither support nor oppose | | | * |
| I wish to speak | | | |
| Available for information only | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of Dane Out of the state | each person or o | | |
| Are you being paid for your representation | on? | | Yes No |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question) | oaid duties for thi not complete the | s person or organization? e rest of this form. If you a | Yes No No nswered "yes," go on to the next |
| Speaking Limit: | *************************************** | 4 minutes | |
| REGISTRANT # 3 | (See | Back) | |

| Are you an egovernmental | elected official who is ap body? | pearing sole | ly on behalf o | of your office | | ur muni] Yes | cipality or other No |
|--------------------------|--|-----------------|-----------------|-----------------|--------------|--------------------|----------------------|
| 100 | red "yes" to the question, ou answered "no" to the q | | - | - | this form, | except th | at you must sign |
| If you are beinthat: | ng paid for your represen | tation, or if y | our appearance | ce is part of o | ther paid d | uties, do | you understand |
| 1 | Before you engage in lol with the City Clerk? | bbying as a l | obbyist, you o | your princip | al must file | an auth] Yes | orization No |
| 2 | Your principal is not pe with the City Clerk? | ermitted to a | athorize you to | o lobby unles | s the princ | ipal is r] Yes | egistered No |
| 3. | If your principal spends period (calendar quarter) the remaining quarters of |), the princip | al must file ex | | ents with tl | | |
| | ed "no" to any of the last 1 103 of the City-County B | | | | | 1601 or ş | go to the Clerk's |
| Date <u>9/2</u> | 0/05 | Signature | sel | 100 F | 21 | | |
| | | Print Name | <u>U 10</u> | CIK | tai | <u> </u> | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Add | | son-Hayes ma Drive WI 537// |
|--|---|---|--|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support Oppose | × | × | × |
| Neither support nor oppose | | | |
| I wish to speak | × | × | X |
| Available for information only | | | |
| Name, address and telephone number of | each person or or | ganization you are represe | nting: |
| Are you being paid for your representati | on? | | 🗌 Yes 🛮 🔀 No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | paid duties for thi I not complete the | s person or organization? rest of this form. If you ar | Yes No No nswered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT # 56 | (See | Back) | |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or of governmental 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 that: | are bei | ing paid for your representation, or if your appearance is part of other paid duties, do you understand | | | |
| | 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? | | | |
| | 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? | | | |
| | | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) | | | |
| Date _ | | Signature | | | |
| | | Print Name | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | ess 615 Las BRAVER | Link | |
|---|------------------|---------------------------|------------|---------------------------------------|
| Agenda No. 29 | A Ada | 900 615 | Ko cle mas | 2 |
| Agenda 110. | Addi | CSS CILL SE | Mars. | 12 |
| | 1 | (6) SA 18 V | 1= 39 23) | |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01 | 985 |
| | Referendum | Hardship Exemption | Repealing | smoking ban |
| Support | | | | |
| Oppose | | <u> </u> | | |
| Neither support nor oppose | | | h | |
| I wish to speak | | | | |
| Available for information only | <u></u> | | *** | · · · · · · · · · · · · · · · · · · · |
| Name, address and telephone number of e | ach person or or | ganization you are repres | senting: | |
| Are you being paid for your representation | n? | u. | 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 Limit: | ••••• | 4 minutes | | ~ |
| REGISTRANT # | (See | Back) | | |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or governmental body? Yes No | | | | |
|---|--------|--|--|--|
| | | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question) | | |
| If you that: | are be | eing paid for your representation, or if your appearance is part of other paid duties, do you understand | | |
| | 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 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? | | |
| , | | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) | | |
| Date _ | | Signature | | |
| | | Print Name | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | | edetto |
|--|-------------------------------------|--|--|
| Agenda No. 29 | Addı | ress 705 5. | Dickinson St |
| | | | us 53703 |
| | _ | | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | 10101011011 | | |
| Oppose | × | X | × |
| Neither support nor oppose | | | |
| I wish to speak | | X | * |
| Available for information only | | | |
| Name, address and telephone number of c | each person or or | ganization you are represe | nting: |
| Are you being paid for your representation | on? | | ☐ Yes ☐ No |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | aid duties for thi not complete the | s person or organization? e rest of this form. If you a | ☐ Yes ☐ No nswered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT # 25 | (See | Back) | |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or governmental body? Yes No | | | | |
|---|------------|---|---------------|-------------------|
| | · · | ves" to the question, STOP. You need not complete the rest of this form swered "no" to the question, go on to the next question.) | n, except th | at you must sign |
| If you are that: | e being pa | aid for your representation, or if your appearance is part of other paid | 1 duties, do | you understand |
| 1. | | ore you engage in lobbying as a lobbyist, you or your principal must to the City Clerk? | file an auth | orization No |
| 2. | | or principal is not permitted to authorize you to lobby unless the principal the City Clerk? | incipal is re | egistered No |
| 3. | perio | our principal spends or will owe more than \$500 for lobbying service od (calendar quarter), the principal must file expense statements with remaining quarters of the calendar year? | • | |
| | | no" to any of the last three questions, please call the City Clerk at 260 of the City-County Building, Madison, for more information) | 6-4601 or g | go to the Clerk's |
| Date | | Signature | · · · | |
| | | Print Name | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Add | ress 1817 Car Madison | penter St NI 53704 | |
|---|---------------------|-----------------------------|----------------------------------|--|
| Please check the appropriate boxes: | | | | |
| Support Oppose | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban | |
| Neither support nor oppose I wish to speak Available for information only | | | X | |
| At this meeting are you representing an of (If you answered "no," STOP; you need question.) Name, address and telephone number of | l not complete the | rest of this form. If you a | nswered "yes," go on to the next | |
| Are you being paid for your representation | on? | | ☐ 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 Limit: | ************** | 4 minutes | | |
| REGISTRANT # | (See] | Back) | | |

| | | elected official who is a l body? | ppearing solely on | behalf of your office | or for your muni | icipality or other No |
|-------------------|-----------------|--|--|--|-------------------------------------|------------------------------------|
| | | ered "yes" to the question you answered "no" to the | | | this form, except to | hat you must sign |
| If you that: | ı are be | eing paid for your represe | ntation, or if your a | ppearance is part of ot | her paid duties, de | o you understand |
| | 1. | Before you engage in l with the City Clerk? | obbying as a lobbyi | st, you or your principa | l must file an auth | norization No |
| | 2 | Your principal is not pwith the City Clerk? | permitted to authori | ze you to lobby unless | the principal is a | registered No |
| | 3. | If your principal spend period (calendar quarte the remaining quarters | er), the principal mu | st file expense stateme | g services in any nts with the City | reporting Clerk for \[\] No |
| (If you Office | answe at Roo | ered "no" to any of the la m 103 of the City-County | st three questions, p Building, Ma di son, | lease call the City Cler for more information.) | rk at 266-4601 or | go to the Clerk's |
| Date | 9. | 20-05 | Signature | Maulus / | Kavo | ways |
| - | | | Print Name | Jacquelin | < A KAV | HANDINA |

PRINT NAME CLEARLY

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e LUKE W | ITKOWSKI |
|--|--|---|--|
| Agenda No. 29 | Addı | ess 9117 WATE | ERSIDE #207 |
| Agenda 1100 = 27 | , ida | | WI 53562 |
| | | MI WEIGH, | W13230c |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | X | |
| Neither support nor oppose | | | ~ |
| I wish to speak | | | |
| Available for information only | | | |
| name, address and telephone number | of each person or o | rganization you are represe | nting: |
| Are you being paid for your representa | ation? | | Yes No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | er paid duties for the eed not complete the | is person or organization? e rest of this form. If you a | ☐ Yes ☐ No nswered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| REGISTRANT # 95 | (See | Back) | |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or governmental body? Yes No | | | |
|---|---------|--|--|
| | | vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) | |
| If you that: | ı are b | eing paid for your representation, or if your appearance is part of other paid duties, do you understand | |
| | 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 the principal is registered with the City Clerk? | |
| | 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? | |
| | | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) | |
| Date _ | | Signature | |
| | | Print Name | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | ress ZOI lange Modison | hite Ion St Apt 205 WI 53708 |
|---|--|---|---|
| Please check the appropriate boxes: | | | |
| Support Oppose | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Neither support nor oppose I wish to speak Available for information only | | | × |
| At this meeting are you representing an (If you answered "no," STOP; you need question.) Name, address and telephone number of | ed not complete the | e rest of this form. If you a | nswerea yes, go on to the next |
| Are you being paid for your representat | tion? | | ☐ Yes |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | r paid duties for the ed not complete the | is person or organization? e rest of this form. If you a | Yes No nswered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| REGISTRANT # 29 | (See | Back) | |

| Are you an governmenta | elected official who is appearing solely on behalf of your office or for your municipality or other laborated labora |
|------------------------|--|
| | ered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| If you are be that: | eing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 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 the principal is registered with the City Clerk? |
| 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? |
| | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | e Jim Bandtoness 201 Ski Madison | Ct |
|--|---|--|--|
| Please check the appropriate boxes: | | | |
| Support | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Oppose | | | <u> </u> |
| Neither support nor oppose | | | |
| I wish to speak Available for information only | | | |
| question.) Name, address and telephone number of | f each person or or | rganization you are represe | nting: |
| Are you being paid for your representati | ion? | | Yes No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | paid duties for thi d not complete the | s person or organization? e rest of this form. If you a | Yes No nswered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT# 22 | (See | Back) | |

| | you an inmental | elected official who is appearing solely on behalf of your office or for your municipality or other lbody? |
|-----------------|-----------------|--|
| | | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question) |
| If you that: | ų are be | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 the principal is registered with the City Clerk? |
| | 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? |
| | | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information) |
| Date | 9-20. | Signature Print Name Tim Beder |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e Caroncel A | ndrea Baura | |
|---|--|---|---|--|
| Agenda No. 29 | | • • | () | |
| ngomus 1000 => | Audi | ress 1715 Hoyt Madicon 1 | W1 53726 | |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| · | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | | |
| Oppose | × | * | * | |
| Neither support nor oppose | | | | |
| I wish to speak | × | X | × | |
| Available for information only | | | | |
| Name, address and telephone number of e Smoke free Wiscoris HOI WISCORSIN Ave Machison WI 53703 | 2 | ganization you are represe | enting: | |
| Are you being paid for your representation? | | | | |
| Are you appearing as part of your other pa (If you answered "no," STOP; you need to question) | aid duties for thi not complete the | s person or organization? erest of this form. If you a | Yes No nswered "yes," go on to the next | |
| Speaking Limit: | | 4 minutes | | |
| REGISTRANT# 76 | (See | Back) | | |
| | | | | |

| Are you governme | | ected official who is appearing solely on behalf of your office or for your municipality or other body? | | | |
|------------------|--|---|--|--|--|
| | | 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) | | | |
| If you are that: | e bein | g paid for your representation, or if your appearance is part of other paid duties, do you understand | | | |
| 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? | | | | |
| | | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) | | | |
| Date | | Signature | | | |
| | | Print Name | | | |
| | | | | | |

PRINT NAME CLEARLY

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | 27 | Tara | Gangstad ison St. #1 , w= 53703 |
|---|---------------------|---|--|
| 20 | Nam | 1311 Marie | 100 Ct #1 |
| Agenda No. 29 | Addi | Med 2 c | WE 53703 |
| | | Madison | 104 23 73 |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | | | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | <u> </u> | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | | | |
| | | | |
| Are you being paid for your representation. Are you appearing as part of your other part of your answered "no," STOP; you need | vaid duties for thi | is person or organization e rest of this form. If yo | Yes No "Yes No u answered "yes," go on to the next |
| question.) | | | |
| Speaking Limit: | ••••• | 4 minutes | |
| | (See | Back) | |
| DECICEDANT # 27 | · | | |

| governme | al body? | No No |
|------------------|--|-------------------|
| | vered "yes" to the question, STOP. You need not complete the rest of this form, except to you answered "no" to the question, go on to the next question.) | hat you must sign |
| If you are that: | eing paid for your representation, or if your appearance is part of other paid duties, d | o you understand |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authwith the City Clerk? | horization No |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is with the City Clerk? | registered No |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any period (calendar quarter), the principal must file expense statements with the City the remaining quarters of the calendar year? | |
| , , , | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or om 103 of the City-County Building, Madison, for more information.) | go to the Clerk's |
| Date | Signature | ***** |
| | Print Name | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e PAUL E. | GRINDROD H LANE WI 53704 |
|---|---|--|---|
| Agenda No. 29 | Addr | ress ADDI FSC | H LANE |
| | 7 144 | MADISON) | WT 53704 |
| | | 11111200 | <u>w</u> + <u> </u> |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | TOTOTOTO | X | X |
| Oppose | X | | |
| Neither support nor oppose | | | |
| I wish to speak | | | X |
| Available for information only | | | , |
| Name, address and telephone number of | feach person or or | ganization you are represe | enting: |
| Are you being paid for your representat | ion? | | ☐ Yes XNo |
| Are you appearing as part of your other (If you answered "no," STOP; you nee question.) | paid duties for thi d not complete the | s person or organization? e rest of this form. If you a | Yes No nswered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| REGISTRANT # 24 | (See | Back) | |

| Are you an egovernmental | elected official who is appearing solely on behalf of your office or for your municipality or other lbody? | | | |
|---|--|--|--|--|
| 100 | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) | | | |
| If you are betthat: | ing paid for your representation, or if your appearance is part of other paid duties, do you understand | | | |
| 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 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? | | | |
| (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 $\frac{9/2}{}$ | 10/05 Signature Paul & Strendred Print Name PAUL E. GRINDROD | | | |
| / | Print Name PAUL E. GRINDROD | | | |
| | | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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|--|---|--|--|
| | Nam | e Roar W | sctment |
| Agenda No. 29 | Addı | 111- | Halaoran Dr |
| Agenda 100. | Addi | Uni la | used have, |
| | | 70 (Noc | 101 53704 |
| Please check the appropriate boxes: | | Madlson | 35(0) |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | , | X |
| Oppose | X | X | |
| Neither support nor oppose | | <u>'</u> | N/ |
| I wish to speak | · | | X |
| Available for information only | <u></u> | | |
| At this meeting are you representing an of (If you answered "no," STOP; you need question) Name, address and telephone number of APPN TOLUMY 4502 HIGGS IN WALLEY WELL TO STORY WELL TO STORY WITH THE PROPERTY OF THE GOALD WALLEY WELL TO STORY WITH THE PROPERTY OF THE GOALD WALLEY WELL TO STORY WITH THE PROPERTY OF THE GOALD WALLEY WELL TO STORY WITH THE PROPERTY OF THE GOALD WALLEY WA | l not complete the each person or or | e rest of this form. If you | answered "yes," go on to the next |
| Are you being paid for your representation | on? | | Yes 🖾 No |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question.) | oaid duties for thi I not complete the | s person or organization? e rest of this form. If you | Yes 🔀 No answered "yes," go on to the next |
| Speaking Limit: | •••••• | 4 minutes | |
| REGISTRANT# 23 | (See | Back) | |

| | | elected official who is appearing solely on behalf of your office or for your municipality or other lbody? |
|-----------------|--------|--|
| , , , | | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| If you that: | are be | sing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 the principal is registered with the City Clerk? |
| | 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? |
| | | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |
| | | |

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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | 7 | 4000 | (1) |
|--|----------------------|--|---|
| | Nam | | 707 |
| Agenda No. 29 | Addı | ress 161 ja | ckson |
| | | ~ | 016 |
| | _ | | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | × | × | <u> </u> |
| Neither support nor oppose | | | |
| I wish to speak | | | <u> </u> |
| Available for information only | | | |
| Name, address and telephone number of | | ganization you are represe | |
| Are you being paid for your representation | on? | | ☐ Yes ☑ No |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | oaid duties for this | s person or organization? erest of this form. If you ar | Yes No nswered "yes," go on to the next |
| Speaking Limit: | •••• | 4 minutes | |
| REGISTRANT # 5 & | (See | Back) | |

| Are you an egovernmental | elected official who is apbody? | opearing solely | on behalf of your off | ice or for your mur | icipality or other No |
|--------------------------|---|-------------------|--------------------------|---|------------------------|
| | red "yes" to the question, ou answered "no" to the c | | | of this form, except | that you must sign |
| If you are bei that: | ng paid for your represer | ntation, or if yo | ur appearance is part of | f other paid duties, o | lo you understand |
| 1 | Before you engage in lowith the City Clerk? | bbying as a lob | byist, you or your princ | cipal must file an aut | horization No |
| 2 | Your principal is not p with the City Clerk? | ermitted to auth | iorize you to lobby un | less the principal is Yes | registered No |
| 3. | If your principal spends period (calendar quarter the remaining quarters of |), the principal | must file expense state | ying services in any ements with the City Yes | reporting Clerk for No |
| | red "no" to any of the las n 103 of the City-County I | | | | go to the Clerk's |
| Date | | Signature | | | |
| | | Print Name | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | ess 1506 Madis Madison | Reilly | |
|---|-------------------------------------|--|---|--|
| Agenda No. 29 | Δdda | ess 1501. Madis | in St | |
| | Addi | Madicas | UT 53711 | |
| | | 1.0012011 I | <u> </u> | |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | | |
| Oppose | X | | | |
| Neither support nor oppose | | | | |
| I wish to speak | X | X | | |
| Available for information only | | | | |
| Name, address and telephone number of e | each person or or | ganization you are represe | nting: | |
| Are you being paid for your representatio | n? | | Yes No | |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question.) | aid duties for thi not complete the | s person or organization? erest of this form. If you ar | Yes No nswered "yes," go on to the next | |
| Speaking Limit: | •••••• | 4 minutes | | |
| | (See | Back) | | |
| REGISTRANT # 57 | | | | |

| Are you an governmenta | | solely on behalf of your office or | Yes No |
|--------------------------------|--|--|---|
| | ered "yes" to the question, STOP. you answered "no" to the question | You need not complete the rest of this, go on to the next question.) | form, except that you must sign |
| If you are be that: | eing paid for your representation, o | or if your appearance is part of other | paid duties, do you understand |
| 1. | Before you engage in lobbying with the City Clerk? | as a lobbyist, you or your principal n | nust file an authorization Yes No |
| 2 | Your principal is not permitted with the City Clerk? | to authorize you to lobby unless th | e principal is registered Yes No |
| 3. | If your principal spends or will period (calendar quarter), the principal the remaining quarters of the cale | owe more than \$500 for lobbying s rincipal must file expense statements endar year? | ervices in any reporting with the City Clerk for Yes No |
| (If you answe Office at Roo | ered "no" to any of the last three on 103 of the City-County Building | questions, please call the City Clerk of Madison, for more information) | nt 266-4601 or go to the Clerk's |
| Date | Signat | | |
| | Print N | lame | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | 7 | V | |
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| | Nam | e JOE K | linzing |
| Agenda No. 29 | Addı | ess 4504 RAYU | COOR RD. |
| 3 | | | wi 537/6 |
| | 1 | _///HD/200 | 01 23/16 |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | <u> </u> |
| Oppose | است | L | Santa de Carlos |
| Neither support nor oppose | | | |
| I wish to speak | <u></u> | <u></u> | |
| Available for information only | | | |
| Name, address and telephone number of e | each person or or | ganization you are repres | enting: |
| Are you being paid for your representation | n? | a. | ☐ Yes ☐ No |
| Are you appearing as part of your other pa (If you answered "no," STOP; you need question) | aid duties for this not complete the | s person or organization? erest of this form. If you | Yes No No answered "yes," go on to the next |
| Speaking Limit: | ************* | 4 minutes | |
| REGISTRANT # | (See | Back) | |

| Are you an governmenta | elected official who is appearing solely on behalf of your office or for your municipality or other lbody? |
|------------------------|--|
| | ered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you 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, do you understand |
| 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 the principal is registered with the City Clerk? |
| 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? |
| 1 2 2 | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |
| | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e Maureer | Povsalaki |
|--|---------------------------------------|--|--|
| Agenda No. 29 | Addı | ress 7710 91 | reyfox Trail |
| | | Madison | WI 53717 |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | × | × | <u> </u> |
| Neither support nor oppose | = 1770+752 | | |
| I wish to speak | | × | × |
| Available for information only | | | *** |
| Name, address and telephone number of ea Smoke Free Wiscorr Hol Wislowsin Ave Madison WI 5370 | 51V | ganization you are repres | senting: |
| Are you being paid for your representation | | | Yes No |
| Are you appearing as part of your other pai (If you answered "no," STOP; you need n question.) | id duties for this ot complete the | s person or organization? rest of this form. If you | Yes No answered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| REGISTRANT # 55 | (See | Back) | |

| Are you an governmenta | elected official who is appearing solely on behalf of your office or for your municipality or other laborated body? |
|------------------------|--|
| 1 10 17 | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| If you are be that: | eing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 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? |
| | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | - 1 | Q | | | |
|---|------------------------------|----------------------------|--|--|--|
| · | Nam | Name Darb Mercer | | | |
| Agenda No. 29 | Addı | ress Presiden | | | |
| | | | | | |
| <u></u> | | Marizon/ | Dane Tavern League | | |
| Please check the appropriate boxes: | | | 7. 2. 2. | | |
| - Frank | | | | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | | X | | |
| Oppose | <u> </u> | X | | | |
| Neither support nor oppose | | | | | |
| I wish to speak | X | .,,,,,,,,, | | | |
| Available for information only | | | | | |
| Name, address and telephone number of MADISON DANGE P.O. BOX 8858 | f each person or or County 7 | ganization you are represe | nting: | | |
| | | | | | |
| Are you being paid for your representati | ion? | | Yes No | | |
| Are you appearing as part of your other (If you answered "no," STOP; you need question) | | | Yes No swered "yes," go on to the next | | |
| Speaking Limit: | | 4 minutes | | | |
| REGISTRANT # 16 | (See | Back) | | | |
| | | | The second secon | | |

| | ou an e mental | elected official who is appearing solely on behalf of your office or for your municipality or other 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 that: | are bei | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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? |
| | | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) |
| Date _ | 9(: | 20/05 Signature Barbara Meiser |
| | • | Print Name Barbara J MERCER |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| IMMI MARIE CEERTOSI | | | | |
|--|---|--|--|--|
| · | Nam | e Rodney S | HEVENSON | |
| Agenda No. 29 | | 1030 1/5/ | ac ANE | |
| Agenda IV. | Auu | 1055 <u>1030 0.75</u> | as Ave on 53715 | |
| | _ | MADIS | 02/10 | |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | | |
| Oppose | × | X | × | |
| Neither support nor oppose | | | | |
| I wish to speak | | | <u> </u> | |
| Available for information only | | | | |
| Name, address and telephone number of | each person or or | ganization you are represe | nting: | |
| Are you being paid for your representation | on? | | Yes No | |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | paid duties for thi not complete the | s person or organization? erest of this form. If you ar | Yes PNo nswered "yes," go on to the next | |
| Speaking Limit: | | 4 minutes | | |
| | (See | Back) | | |
| REGISTRANT # _ 5 1 | (33 | • | | |

| | 9 | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Are you an elected of governmental body? | official who is appearing solely on behalf of your office or for your municipality or other Yes No | | | | | | | |
| | "to the question, STOP. You need not complete the rest of this form, except that you must sign ered "no" to the question, go on to the next question) | | | | | | | |
| If you are being paid that: | for your representation, or if your appearance is part of other paid duties, do you understand | | | | | | | |
| | you engage in lobbying as a lobbyist, you or your principal must file an authorization are City Clerk? | | | | | | | |
| | orincipal is not permitted to authorize you to lobby unless the principal is registered le City Clerk? | | | | | | | |
| period | 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? | | | | | | | |
| | ' to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's the City-County Building, Madison, for more information.) | | | | | | | |
| Date | Signature | | | | | | | |
| | Print Name | | | | | | | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| | Nam | e VichoLAS | ZABEL | |
| Agenda No. 29 | Addı | _ | JUAY BWD #314 | |
| | | MIODLETON | | |
| | - | MODEL | | |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | × | |
| Oppose | χ | \sim | | |
| Neither support nor oppose | | | | |
| I wish to speak | | | * | |
| Available for information only | | | | |
| Name, address and telephone number of | each person or or | ganization you are repres | enting: | |
| Are you being paid for your representation | on? | | ☐ Yes ☐ Yo | |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | oaid duties for thi not complete the | s person or organization? erest of this form. If you o | Yes No answered "yes," go on to the next | |
| Speaking Limit: | ***************** | 4 minutes | | |
| REGISTRANT # (See Back) | | | | |

| Are you an el governmental l | ected official who is a body? | ppearing solely | y on behalf o | f your office o | or for your mun | icipality or other |
|----------------------------------|---|------------------------------------|---------------------------------|-----------------------------------|--|------------------------|
| | ed "yes" to the question u answered "no" to the | | | | is form, except t | hat you must sign |
| If you are bein that: | ng paid for your represe | ntation, or if ye | our appearanc | e is part of othe | er paid duties, d | o you understand |
| 1 | Before you engage in l with the City Clerk? | obbying as a lo | bbyist, you or | your principal | must file an aut | horization No |
| 2. | Your principal is not pwith the City Clerk? | permitted to au | thorize you to | lobby unless | the principal is | registered |
| 3. | If your principal spend period (calendar quarter the remaining quarters | er), the principa | l must file ex | 00 for lobbying pense statemen | services in any ts with the City Yes | reporting Clerk for No |
| If you answere Office at Room | ed "no" to any of the la 103 of the City-County | st three questio Building, Madi | ns, please cal son, for more | l the City Clerk information.) | at 266-4601 or | go to the Clerk's |
| Date <u>9/2</u> | 0/05_ | Signature | 9) | holiset. | bet . | |
| . | · · | Print Name | Dia | OUAS TH | 381 | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | PRINT NAME CLEARLY | | |
|---|-----------------------|--|---|
| Agenda No. 29 | Nam Addi | 11/17/1/ | Listelje St. |
| Please check the appropriate boxes: | | | 27/10 |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support Oppose | X | × | × |
| Neither support nor oppose | | | |
| I wish to speak | | | X X |
| Available for information only | | | |
| At this meeting are you representing an (If you answered "no," STOP; you ne question.) Name, address and telephone number of | ed not complete the | e rest of this form. If you | answerea yes, go on to the next |
| Are you being paid for your representation Are you appearing as part of your other (If you answered "no," STOP; you ne | r naid duties for thi | s person or organization? e rest of this form. If you | Yes No Yes No answered "yes," go on to the next |
| question.) Speaking Limit: | | 4 minutes | |
| REGISTRANT # 50 | (See | Back) | |

| - | ou an el mental | lected official who is appearing solely on behalf of your office or for your municipality or other body? |
|-----------------|--------------------|--|
| | | 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.) |
| If you that: | are beir | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 the principal is registered with the City Clerk? |
| | 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? |
| | | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |
| | · | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| | Nam | ress 3230 Th Madison, | eber |
| Agenda No. 29 | ∆ ddi | ess 3030 Th | DARD St. |
| Agenda Ivo. | Addi | 0 15 - | 115 5-3714 |
| | | 1.1ad,500, | W.L 3 3 // L |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | V | | |
| Neither support nor oppose | | | |
| I wish to speak | V | V | |
| Available for information only | | | |
| Name, address and telephone number of | each person or or | ganization you are represe | enting: |
| Are you being paid for your representation | on? | | Yes No |
| Are you appearing as part of your other I (If you answered "no," STOP; you need question.) | paid duties for thi I not complete the | s person or organization? e rest of this form. If you a | Yes No nswered "yes," go on to the next |
| Speaking Limit: | *************************************** | 4 minutes | |
| REGISTRANT # 13 | (See | Back) | |

| | • | elected official who is appearing solely on behalf of your office or for your municipality or other al body? |
|-------------------|----------|--|
| | | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| If you that: | u are be | eing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 the principal is registered with the City Clerk? |
| | 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? |
| | | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) |
| Date _. | | Signature Print Name |
| | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | · Dawn Be | nev |
|---|--|---|---|
| Agenda No. 29 | Add | ess 2201 We | |
| | | Modison | |
| | | Julian San | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | Referendam | Three in Exemption | |
| Oppose | X | X | X |
| Neither support nor oppose | 1 7 36 | | |
| I wish to speak | X | X | X |
| Available for information only | | | |
| Name, address and telephone number of | each person or or | ganization you are represe | nting: |
| Are you being paid for your representation | on? | | ☐ Yes ☐ No |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question.) | paid duties for this not complete the | s person or organization? rest of this form. If you ar | Yes No No swered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT # 44 | (See | Back) | |

| Are you a governmen | n elected official who is appearing solely on behalf of atal body? | your office or for your municipality or other Yes No |
|---------------------|--|---|
| | wered "yes" to the question, STOP. You need not complete If you answered "no" to the question, go on to the next ques | |
| If you are that: | being paid for your representation, or if your appearance | is part of other paid duties, do you understand |
| 1. | Before you engage in lobbying as a lobbyist, you or y with the City Clerk? | our principal must file an authorization Yes No |
| 2 | Your principal is not permitted to authorize you to 1 with the City Clerk? | obby unless the principal is registered Yes No |
| 3. | If your principal spends or will owe more than \$500 period (calendar quarter), the principal must file expethe remaining quarters of the calendar year? | |
| | wered "no" to any of the last three questions, please call toom 103 of the City-County Building, Madison, for more in | |
| Date | Signature | |
| | Print Name | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | PRINT N | AME CLEARLY |
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| | Nam | e Dave F | letH |
| Agenda No. 29 | Addı | | NIFORD NO |
| Agenda 110. | Addi | cess | NI OF L |
| | | <u> VAPONE</u> | T WI |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | 1/. | | I managed to the second |
| Oppose | | 1/ | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | | | |
| Are you being paid for your representati | | s person or organization? | ☐ Yes ☐ No |
| Are you appearing as part of your other; (If you answered "no," STOP; you need question.) | and danes for the | e rest of this form. If you o | |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT # 12 | (See | Back) | |

| | ou an e nmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|-------------------|---------------------|--|
| | | 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 that: | are bei | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 the principal is registered with the City Clerk? |
| | 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? |
| (If you Office | ı answer at Roon | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | • | Print Name |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| | Nam | · <u>Many</u> | Tedeschi Elka Ln |
| Agenda No. 29 | Addı | ress 17251 E | Elka Ln |
| | | <u></u> | on WI 5370 |
| | j | | 10 V 0 - 1 |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | | | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| Name, address and telephone number of e | ach person or or | ganization you are represe | enting: |
| Are you being paid for your representation | n? | | Yes No |
| Are you appearing as part of your other pa (If you answered "no," STOP; you need a question) | aid duties for thi not complete the | s person or organization? erest of this form. If you o | Yes No No Inswered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| _ | (See | Back) | |
| REGISTRANT # | (-11 | | |

| Are you | | lected official who is appearing solely on behalf of your office or for your municipality or other body? |
|-------------------------------|-------------------|--|
| | | 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.) |
| If you a that: | are bein | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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? |
| (If yo u d Office a | answere t Room | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) |
| Date | | Signature |
| | | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nome | PHERIE | SIDNIKER |
|--|---------------------|--|--|
| Agenda No. 29 | Name | | M.112 St |
| Agenda No. 29 | Addi | mess | n WI |
| | J | 11000130 | |
| Please check the appropriate boxes: | | | |
| | 01000 | 01881 | 01985 |
| | 01880 Referendum | Hardship Exemption | Repealing smoking ban |
| Grandont | Referendum | Hardship Exemption | 200 |
| Support Oppose | × | X | X |
| Neither support nor oppose | | | |
| I wish to speak | X | X | X |
| Available for information only | | | |
| Name, address and telephone number of e | ach person or or | ganization you are repres | enting: |
| Are you being paid for your representation | n? | | ☐ Yes |
| Are you appearing as part of your other pa (If you answered "no," STOP; you need a question) | aid duties for this | s person or organization? e rest of this form. If you | Yes \(\frac{1}{N}\)O answered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT # 38 | (See | Back) | |

| | ou an el mental | lected official who is appearing solely on behalf of your office or for your municipality or other body? | | |
|---------------------|--------------------|--|--|--|
| | | 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.) | | |
| If you that: | are beir | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | |
| | 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 the principal is registered with the City Clerk? | | |
| | 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? | | |
| (If you Office o | answere ut Room | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) | | |
| Date _ | _ | Signature | | |
| | | Print Name | | |
| | | | | |

PRINT NAME CLEARLY

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Add | 1226 | Todeschi Ika Lanc n 537aj |
|---|-----------------------|-------------------------------|--|
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| 1 | Referendum | Hardship Exemption | Repealing smoking ban |
| | Referendum | Traidsinp Exemption | X |
| Support | | | |
| Oppose | | | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | <u>L</u> | | |
| (If you answered "no," STOP; you no question) Name, address and telephone number | | | |
| Are you being paid for your represent. Are you appearing as part of your other (If you answered "no," STOP; you not question.) | er naid duties for th | e rest of this form. If you a | ☐ Yes ☑ No ☐ Yes ☑ No Inswered "yes," go on to the nex |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT # 10 | (See | Back) | |

| Are you | | ected official who is appearing solely on behalf of your office of for your municipality of other body? Yes No |
|---------------------|----------------------|--|
| (If you o | answere m. If you | 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) |
| If you a that: | are bein | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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? |
| (If you Office a | answere ut Room | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's a 103 of the City-County Building, Madison, for more information.) |
| Date _ | ··· | Signature |
| | | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | _ | | 0.00 |
|---|-------------------|---------------------------|-----------------------|
| | Nam | e Jean Mac | Cebbin |
| Agenda No. (29/1, B+C) | Addı | ress 3530 Hear | ther Crest |
| | 1.00. | 1140,000 / | JT 5270V |
| | | MAINSON | |
| Please check the appropriate boxes: | | | |
| | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | X | <u> </u> |
| Neither support nor oppose | | | |
| I wish to speak | × × | X | <u> </u> |
| Available for information only | | | |
| Name, address and telephone number of | each person or or | ganization you are repres | enting: |
| Are you being paid for your representation | on? | - | Yes No |
| Are you appearing as part of your other paid duties for this person or organization? [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 Limit:4 minutes (See Back) | | | |
| REGISTRANT # 37 | | | |

| | | elected official who is appearing solely on behalf of your office or for your municipality or other al body? |
|-------------------|---------|--|
| | | vered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| If you that: | ı are b | being paid for your representation, or if your appearance is part of other paid duties, do you understand |
| • | 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 the principal is registered with the City Clerk? |
| | 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? |
| | | vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) |
| Date _. | | Signature |
| | | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | I KHI I IV | AVIS CELETICS I |
|---|------------|--------------------|-----------------------|
| · · · · · · · · · · · · · · · · · · · | Nam | e Rita Klinz | e)na |
| Agenda No. 29 | Addı | ess 714 Interlak | |
| | 1100 | Monona W | = = : |
| | | THOROTOC W | |
| Please check the appropriate boxes: | | | |
| Troube check the appropriate source. | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | V |
| Oppose | | | |
| Neither support nor oppose | | | |
| I wish to speak Available for information only | | | |
| Available for information only | | | |
| 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 | n? | | ☐ 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 Limit:4 minutes | | | |
| REGISTRANT # (See Back) | | | |

| Are you an governmenta | elected official who is appearing solely on behalf of your office or for your municipality or other. I body? Yes No |
|------------------------|--|
| | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you 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, do you understand |
| 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? |
| | rred "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e Gara | Poulson | |
|--|-------------------|----------------------------|-----------------------|--|
| Agenda No. 29 | | | | |
| Agenda No. 29 | Addı | ess <u>o</u> s-/cr | I CU 18 3 ENT | |
| · | | madi | | |
| | | | | |
| Please check the appropriate boxes: | | | | |
| | 01000 | 01001 | 01985 | |
| : | 01880 | 01881 | Repealing smoking ban | |
| | Referendum | Hardship Exemption | Repeating smoking ban | |
| Support | | | | |
| Oppose | | | | |
| Neither support nor oppose | | | | |
| I wish to speak | | V | | |
| Available for information only | | <u> </u> | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of 1202 1202 THP CT MANISON 1 W2 5 | each person or or | ganization you are represe | | |
| Are you being paid for your representation? | | | | |
| Are you appearing as part of your other paid duties for this person or organization? 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) | | | | |
| Speaking Limit: | •••••• | 4 minutes | | |
| | (See | Back) | | |
| REGISTRANT # 36 | (BCC | ~~~, | | |

| Are you an governmenta | elected official who is appearing solely on behalf of your office or for your municipality or other labody? |
|------------------------|--|
| 1 4 1/ | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| If you are be that: | eing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 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 the principal is registered with the City Clerk? |
| 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? |
| | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |
| | |
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| | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | A 1 | |
|--|-------------------|----------------------------|-----------------------|
| | Nam | e Christine | Webber |
| Agenda No. 29 | Add | | ami'lton st |
| Agenua No. | Addi | | • |
| | | Madiso | 1, MI 23 105 |
| T 1 1 d | - | | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | χ | λ | <u> </u> |
| Neither support nor oppose | | | |
| I wish to speak | | | <u> </u> |
| Available for information only | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of American Color | each person or or | ganization you are represe | |
| Are you being paid for your representation | on? | | 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 Limit: | ***************** | 4 minutes | |
| REGISTRANT # 35 (See Back) | | | |

| Are you governn | | ected official who is appearing solely on behalf of your office or for your municipality or other ody? | Ħ |
|--|---------|--|----|
| | | ed "yes" to the question, STOP . You need not complete the rest of this form, except that you must sig u answered "no" to the question, go on to the next question.) | n |
| If you a that: | re beir | g paid for your representation, or if your appearance is part of other paid duties, do you understan | .đ |
| 1 | 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | |
| 2 | 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No | |
| 3 | 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 | 10 | Print Name Christice Wolfe | |
| | | Print Name Christing Wools | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e NANCY | WILD | |
|---|------------|--------------------|--------------------------------|--|
| Agenda No. 29 | A 44- | ess 107 / 44 | NOTDE | |
| Agenda No. 27 | Addi | MADISO | NW 53214 | |
| | _i | | , | |
| Please check the appropriate boxes: | | | | |
| | | 0.4.004 | 01005 | |
| | 01880 | 01881 | 01985 Repealing smoking ban | |
| | Referendum | Hardship Exemption | Repeating shoking ban | |
| Support | | | | |
| Oppose | | | | |
| Neither support nor oppose | | | | |
| I wish to speak Available for information only | | | | |
| Available for information only | | | | |
| 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? | | | | |
| 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 Limit:4 minutes | | | | |
| REGISTRANT # S (See Back) | | | | |

| Are you an elected official who governmental body? | o is appearing solely on behalf of yo | our office or for your municipality or other Yes No |
|--|--|--|
| | estion, STOP. You need not complete the tothe question, go on to the next question. | he rest of this form, except that you must sign on.) |
| If you are being paid for your rethat: | epresentation, or if your appearance is | part of other paid duties, do you understand |
| 1 Before you engag with the City Cler | ge in lobbying as a lobbyist, you or yourk? | r principal must file an authorization Yes No |
| 2 Your principal is with the City Cler | not permitted to authorize you to lob | by unless the principal is registered Yes No |
| period (calendar o | spends or will owe more than \$500 for quarter), the principal must file expense rters of the calendar year? | |
| | the last three questions, please call the ounty Building, Madison, for more infor | City Clerk at 266-4601 or go to the Clerk's mation.) |
| Date 9/50/05 | Signature / may v | l'alila |
| | Print Name WANCT | <u> </u> |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | I KINT WAVIE CLEARUI | | | |
|---|---|---|---|--|
| Agenda No. 29 | Nam Addi | | KLINZING SHORE ACKES R 2, Wi. 5376 | |
| Please check the appropriate boxes: | | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban | |
| Support Oppose Neither support nor oppose | X | X | <u> </u> | |
| I wish to speak Available for information only | | | | |
| At this meeting are you representing an (If you answered "no," STOP; you need question.) Name, address and telephone number of | d not complete the | e rest of this form. If you a | inswered "yes," go on to the next | |
| Are you being paid for your representati | on? | | ☐ Yes ☐ No | |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | paid duties for this d not complete the | s person or organization? erest of this form. If you a | Yes No inswered "yes," go on to the next | |
| Speaking Limit: | •••••• | 4 minutes | | |
| REGISTRANT # | (See | Back) | | |

| | | elected official who is appearing solely on behalf of your office or for your municipality or othe lody? | ľ |
|-----------------|---------|--|---|
| | | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question) | n |
| If you that: | u are b | eing paid for your representation, or if your appearance is part of other paid duties, do you understand | đ |
| | 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 the principal is registered with the City Clerk? | |
| | 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? | |
| | | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) | S |
| Date | | Signature | |
| | | Print Name | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Name | . Sheile | Cohen |
|---|--|---|--|
| Agenda No. 29 | Addr | ess IIU DZ | ask Trl |
| | 11001 | Markson | n, WE 53705 |
| | | | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | _ |
| Oppose | homen | nnesed | opposed to |
| Neither support nor oppose | Obband | 0612 | repoling |
| I wish to speak | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | - - | Bon |
| Available for information only | | | |
| Name, address and telephone number of | each person or or | ganization you are repre | senting: |
| Are you being paid for your representation | on? | | Yes No |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question.) | paid duties for this I not complete the | person or organization? rest of this form. If you | Yes No answered "yes," go on to the next |
| Speaking Limit: | •••••• | 4 minutes | |
| | (See l | Back) | |
| REGISTRANT # | (550) | , | |

| | 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 beithat: | ing paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | | | |
| 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 the principal is registered with the City Clerk? | | | | | | | |
| 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? | | | | | | | |
| (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 | | | | | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | , | | | | | |
|---|---|---|--|--|--|--|
| | Nam | e THERUSA | HOTTENRATH | | | |
| Agenda No. 29 | | | STRORT RUMO | | | |
| 8 | Manson 537-04 | | | | | |
| | | | | | | |
| Please check the appropriate boxes: | | | | | | |
| | 01880 | 01881 | 01985 | | | |
| • | Referendum | Hardship Exemption | Repealing smoking ban | | | |
| Support | X | | | | | |
| Oppose | * | <u></u> | | | | |
| Neither support nor oppose | | | | | | |
| I wish to speak | 1 | | | | | |
| Available for information only | | | | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | | | | | | |
| | | | TYes PNo | | | |
| Are you being paid for your representation | on? | | L 168 P NO | | | |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question.) | paid duties for thi I not complete the | s person or organization? erest of this form. If you | Yes No answered "yes," go on to the next | | | |
| Speaking Limit: | ************** | 4 minutes | | | | |
| | (\$00 | Back) | | | | |
| REGISTRANT # 71 | (Dee | Ducil) | | | | |

| gove | rnmenta | elected official who is appearing solely on behalf of your office or for your municipality or other al body? Yes No |
|-----------------|---------|--|
| | | rered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question) |
| If you that: | u are b | eing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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? |
| | 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? |
| | | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information) |
| Date | | Signature |
| | | Print Name |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | INITIA | WIE CEEARCE I | | |
|---|------------------------|--|-----------------------|--|--|
| Agenda No. 29 | | Name Jeen Fer Voichiche Address 145 Ohio Ave Madison W1 5370 | | | |
| Please check the appropriate boxes: | | | | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | | | | |
| Oppose | <u> </u> | | | | |
| Neither support nor oppose | | | - | | |
| I wish to speak | | | | | |
| Available for information only | | | | | |
| Are you being paid for your representa | etion? | | Yes XNo | | |
| Are you appearing as part of your other (If you answered "no," STOP; you ne | er paid duties for thi | s person or organization? | Yes No | | |
| question.) | | | | | |
| Speaking Limit: | | 4 minutes | | | |
| | (See | Back) | | | |
| REGISTRANT # | | | | | |
| . <u> </u> | | | | | |
| | | DECIS' | TRANT # | | |

| | ou an e nmental | elected official who is appearing solely on behalf of your office or for your municipality or other 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 that: | are bei | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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? |
| | | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |
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REGISTRANT #

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | PRINT N | AME CLEARLY |
|--|--|--|--|
| Agenda No. 29 | Nam Addı | 02/1/12 | 13/12 uck Dr. WI 53714 |
| Please check the appropriate boxes: | | | |
| Support | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Oppose Neither support nor oppose I wish to speak | X | | |
| Available for information only | | | |
| (If you answered "no," STOP ; you need question) Name, address and telephone number of | | | |
| Are you being paid for your representation | on? | | Yes No |
| Are you appearing as part of your other part of your other part you answered "no," STOP; you need question.) | oaid duties for this not complete the | s person or organization? rest of this form If you | Yes No answered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| | (See] | Back) | |
| REGISTRANT # | | | |
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| Are you an egovernmental | | o is appearing solely | on behalf of your | office or for yo | ur municipality or Yes | other |
|---------------------------------|--|---|---|---------------------------------|------------------------------------|--------|
| (If you answe this form. If y | red "yes" to the qu ou answered "no" i | estion, STOP. You ned to the question, go on | ed not complete the to the next questior | e rest of this form, | except that you mus | t sign |
| If you are being that: | ing paid for your re | epresentation, or if yo | ur appearance is pa | art of other paid d | uties, do you under | rstand |
| 1 | Before you engag with the City Cler | ge in lobbying as a lob | obyist, you or your | | an authorization Yes No | |
| 2. | Your principal is with the City Cler | not permitted to aut | horize you to lobb | y unless the princ | ipal is registered Yes \[\] No | |
| 3. | period (calendar | spends or will owe m quarter), the principal arters of the calendar y | must file expense | | | |
| (If you answe Office at Room | red "no" to any of n 103 of the City-Co | the last three question ounty Building, Madis | ns, please call the Con, for more inform | City Clerk at 266-4 nation.) | 1601 or go to the Cl | 'erk's |
| Date | | Signature | ्रव्यक्षिते - | | | |
| | | Print Name | - | | | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Baler Harbour To-un Dr. = Jany rus 53217 |
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| 01985 |
| ption Repealing smoking ban |
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| e representing: And wadero |
| ☐ Yes No |
| zation? Yes No If you answered "yes," go on to the ne |
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| | ou an e nmental | elected official who is a body? | ppearing solely | on behalf of yo | ur office or fo | your mun | icipality or other No |
|-----------------|--------------------|---|----------------------|--------------------|------------------|----------------|-----------------------|
| | | red "yes" to the question ou answered "no" to the | | | | rm, except ti | hat you must sign |
| If you that: | are bei | ng paid for your represe | ntation, or if yo | ur appearance is j | part of other pa | id duties, de | you understand |
| | 1 | Before you engage in lewith the City Clerk? | obbying as a lob | byist, you or you | r principal mus | t file an auth | orization No |
| | 2. | Your principal is not p with the City Clerk? | permitted to auth | norize you to lob | by unless the p | orincipal is 1 | egistered No |
| | 3. | If your principal spend period (calendar quarte the remaining quarters of | r), the principal | must file expense | | | |
| | | ed "no" to any of the la 103 of the City-County | _ | - | | 66-4601 or g | go to the Clerk's |
| Date _ | 9/2 | 0/05 | Signature Print Name | Allen | As Con | <u>E</u> | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | 14.0 | |
|--|---------------------|--|--|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose | X | X | × |
| Neither support nor oppose | 1 / 3 | | |
| I wish to speak | | | |
| Available for information only | | | |
| | | | |
| Are you being paid for your representation? | | | ∐ Yes ∐ No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | paid duties for thi | s person or organization? e rest of this form. If you a | Yes No No nswered "yes," go on to the next |
| Speaking Limit: | ******************* | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | ` | ŕ | |
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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.) 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? | ir. | ou an e nmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|---|--------|--------------------|---|
| that: 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 the principal is registered with the City Clerk? 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? [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 | | | |
| with the City Clerk? 2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? 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? (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 | | are bei | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| with the City Clerk? 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? (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 | | 1 | |
| period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | 2 | · · · · · · · · · · · · · · · · · · · |
| Office at Room 103 of the City-County Building, Madison, for more information.) Date Signature Print Name | | 3. | period (calendar quarter), the principal must file expense statements with the City Clerk for |
| Print Name | | | |
| | Date _ | | Signature |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | ress 317 Stc. | te st #2 |
|--|--|-------------------------------|---|
| Please check the appropriate boxes: | | Irish f | WI SSFOR |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | * |
| Oppose | X | 1 | |
| Neither support nor oppose | | 1 | |
| I wish to speak | | | |
| Available for information only | | | |
| (If you answered "no," STOP; you nee question) Name, address and telephone number of | ed not complete the | | nswerea yes, go on to the next |
| (If you answered "no," STOP; you nee question) | f each person or or | e rest of this form. If you a | nswerea yes, go on to the next |
| (If you answered "no," STOP; you nee question) Name, address and telephone number of | f each person or or ion? | ganization you are represe | nswerea yes, go on to the next enting: ☐ Yes ☑ No ☐ Yes ☑ No |
| (If you answered "no," STOP; you nee question.) Name, address and telephone number of the state of your representate the you appearing as part of your other (If you answered "no," STOP; you nee | f each person or or ion? paid duties for third not complete the | ganization you are represe | nswerea yes, go on to the next enting: ☐ Yes ☑ No ☐ Yes ☑ No |

| Are you governme | | lected official wh body? | o is ap | opearing solel | y on behalf c | of your offic | e or for y | our munici | pality or other No |
|------------------|----------|--|---------|----------------------|-----------------|---------------|--------------|--------------|-----------------------|
| | | ed "yes" to the qu u answered "no" | | | | | f this form, | , except tha | t you must sign |
| If you are that: | e beir | ng paid for your re | epreser | ntation, or if y | our appearanc | e is part of | other paid | duties, do | you understand |
| 1 | - | Before you engag with the City Cle | - | bbying as a lo | bbyist, you o | your princi | pal must fi | le an author | rization ☑ No |
| 2 | ı | Your principal is with the City Cle | _ | ermitted to au | thorize you to | lobby unle | ss the prin | cipal is reg | gistered No |
| 3. | | If your principal period (calendar the remaining qua | quarter |), the principa | al must file ex | | nents with | | |
| | | ed "no" to any of 103 of the City-C | | | | | | -4601 or go | to the Clerk's |
| Date | <u> </u> | 20/85 | | Signature Print Name | BA. | C | DET | HEN | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | ARTITATION | THE COMMENT | | |
|---|---------------------|---|---|--|--|
| | Nam | Name Jessica Neitzel | | | |
| Agenda No. 29 | Add | ress 1910 E. 11)a | shing ton Ave. | | |
| | | Madison, W | 7 53704 | | |
| | | • | | | |
| Please check the appropriate boxes: | • | LAUA | LOUNGE | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | | <u>X</u> | | |
| Oppose | <u> </u> | X | | | |
| Neither support nor oppose | | <i>A</i> | | | |
| I wish to speak | | | | | |
| Available for information only | | | | | |
| Name, address and telephone number of LAVA LOUNGE (60) 4(0) N. Gilman Madison, WF | 8)851-316 | Ĭ | | | |
| Are you being paid for your representation? | | | | | |
| Are you appearing as part of your other (If you answered "no," STOP; you nee question.) | paid duties for thi | s person or organization? erest of this form. If you o | Yes No Inswered "yes," go on to the next | | |
| Speaking Limit: | | 4 minutes | | | |
| | (See | Back) | | | |
| REGISTRANT # | | 24013 | | | |
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| | | REGIS | TRANT # | | |

| | ou an e mental | lected official who is a body? | appearing solel | y on behalf of | your office or | for your muni | cipality or other No |
|----------------------|-------------------|--|-------------------------|------------------|------------------|--------------------|----------------------|
| | | ed "yes" to the question ou answered "no" to the | | | | s form, except th | nat you must sign |
| If you that: | are beir | ng paid for your represe | entation, or if y | our appearance | is part of othe | r paid duties, do | you understand |
| | 1 | Before you engage in with the City Clerk? | lobbying as a le | obbyist, you or | your principal r | nust file an auth | orization No |
| | 2 | Your principal is not with the City Clerk? | permitted to au | thorize you to | lobby unless th | ne principal is re | egistered No |
| | 3. | If your principal spend period (calendar quarters the remaining quarters | er), the principa | al must file exp | | | |
| | | ed "no" to any of the lo 103 of the City-County | | | | at 266-4601 or g | go to the Clerk's |
| Date _ | 9/2 | 0 05 | Signature Print Name | Jessie Jessie | CA Ne!+ | f | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| | Nam | · Jenny (| Sardeen |
| Agenda No. 29 | Addı | ress 7414 | Johan St. |
| · | | Madiso | YOF 85 JU! |
| | | | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | | X | |
| Neither support nor oppose | • | # | |
| I wish to speak | | | |
| Available for information only | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | | | |
| Are you being paid for your representati | ion? | | Yes No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | paid duties for thi d not complete the | s person or organization? e rest of this form. If you o | Yes No answered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | (200 | _ · · · · · · · · · · · · · · · · · · · | |

REGISTRANT #

| | ou an e nmental | lected official who is appearing solely on behalf of your office or for your municipality or other body? |
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| | | ed "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 that: | ı are bei | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? |
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| | | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information) |
| Date _ | | Signature |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

REGISTRANT #

| Agenda No. 29 | Name Donna M Carter Address 340 wast W Son 5+ # Malison, wit 5378 | | | | |
|--|---|--|---|--|--|
| Please check the appropriate boxes: | | \ | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban | | |
| Support Oppose Neither support nor oppose | X | X | | | |
| I wish to speak Available for information only | | | | | |
| At this meeting are you representing an organization or a person other than yourself: (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? | | | | | |
| Are you appearing as part of your other pa (If you answered "no," STOP; you need requestion.) | id duties for this not complete the | s person or organization? rest of this form. If you o | Yes No No answered "yes," go on to the next | | |
| Speaking Limit: | ************* | 4 minutes | | | |
| REGISTRANT # | | | | | |
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| Are you an | n elected official who is appearing solely on behalf of your office or for your municipality or other tal body? |
|-----------------------|--|
| | vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign (you answered "no" to the question, go on to the next question.) |
| If you are b that: | being paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 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 the principal is registered with the City Clerk? |
| 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? |
| | vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) |
| Date | Signature Johns Martin Print Name Johns Martin Vander |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| Agenda No. 29 | Addı | ess 311 Cam | whell ST | |
| | | Madison | W 53 | 11 |
| Please check the appropriate boxes: | | | | |
| | 01000 | 01991 | 01985 | |
| | 01880 Referendum | 01881 Hardship Exemption | Repealing smol | cing ban |
| Support | | | | |
| Oppose | _ | <u></u> | | |
| Neither support nor oppose | | | | |
| I wish to speak | | | | |
| / Available for information only | | | | |
| Are you appearing as part of your oth | a child wift tation? | s person or organization? | Would en be ☐ Yes ☐ | No 9 19 |
| (If you answered "no," STOP; you n question) | eed not complete the | e rest of this form. If you | answered "yes," go o | n to the next |
| Speaking Limit: | ****************** | 4 minutes | Ŷ | The Control of the Co |
| REGISTRANT # | (See | Back) | some favorate n a smoke | to se |
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| | | DECIC | O A BATOLO 44 | |
| | | KEGIS | STRANT # | · |

| Are you an governmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
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| | 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 betthat: | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 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? |
| | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | ress 762 Schille Madison | A Control of the Cont |
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| Agenda No. 29 | Δdd | ress Tha Schille | e. G. |
| rigentum (vi | Add | 1000 A | 3704 |
| | | Madison | UT 53/VT |
| | | , | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | * | X |
| Neither support nor oppose | | , , , , , , , , , , , , , , , , , , , | |
| I wish to speak | | | |
| Available for information only | | | |
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| | | | |
| Are you being paid for your representa | ition? | | ☐ Yes |
| Are you appearing as part of your othe (If you answered "no," STOP; you ne | r paid duties for thi | s person or organization? e rest of this form. If you ar | Yes 🖸 No |
| Are you appearing as part of your othe (If you answered "no," STOP; you nequestion) | r paid duties for thi ed not complete the | s person or organization? e rest of this form. If you ar4 minutes | ☐ Yes No |
| Are you appearing as part of your othe (If you answered "no," STOP; you nequestion) | r paid duties for thi ed not complete the | e rest of this form. If you ar4 minutes | ☐ Yes No |
| Are you appearing as part of your othe (If you answered "no," STOP; you ne question) Speaking Limit: | r paid duties for thi ed not complete the | e rest of this form. If you ar | ☐ Yes No |
| Are you being paid for your representa Are you appearing as part of your othe (If you answered "no," STOP; you ne question) Speaking Limit: REGISTRANT # | r paid duties for thi ed not complete the | e rest of this form. If you ar4 minutes | Yes 🖸 No |

| - | ou an e nmental | elected official who is a body? | appearing sole | ly on behalf | of your offic | ce or for your : | | or other |
|-----------------|--------------------|--|----------------------|----------------|----------------|-------------------|----------------|-----------|
| | | red "yes" to the question ou answered "no" to the | | | | of this form, exc | ept that you n | rust sign |
| If you that: | are bei | ng paid for your represe | entation, or if y | our appearan | ice is part of | other paid dutie | es, do you un | derstand |
| | 1 | Before you engage in with the City Clerk? | lobbying as a le | obbyist, you o | or your princi | pal must file an | | ı |
| | 2 | Your principal is not with the City Clerk? | permitted to au | ithorize you | to lobby unle | ess the principal | | I |
| | 3. | If your principal spend period (calendar quarters the remaining quarters | er), the principa | al must file e | | | City Clerk for | |
| | | ed "no" to any of the lo n 103 of the City-County | | | | | l or go to the | Clerk's |
| Date _ | 912 | 0105 | Signature Print Name | Joan | BRAU | ME | | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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|--|---|--|--|
| Agenda No. 29 | ∆ dd₁ | ess 143 M. Gi | In an 3 +100 |
| Agenda I (of | Addi | 44 . 43 8 200 | 63703 |
| | | Managery | W/ III |
| Please check the appropriate boxes: | | | |
| | 01000 | 01001 | 01985 |
| | 01880 Referendum | 01881 Hardship Exemption | Repealing smoking ban |
| G | Referendum | Hardsinp Exemption | Repeating smoking can |
| Support | | × | ~ |
| Oppose | <u> </u> | | |
| Neither support nor oppose | - | | |
| I wish to speak | | | |
| Available for information only | 1 | OKE-FREE MADIS OF | . () |
| Are you being paid for your representati | ion? | | ☐ Yes No |
| ine you come puid for your expressions | | | * . |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | paid duties for this d not complete the | s person or organization? rest of this form. If you as | ☐ Yes ☑ No nswered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | | , | |
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| | | REGIS' | TRANT # |

| | ou an on mental | elected official who is appearing solely on behalf of your office or for your municipality or other 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 that: | are be | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 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? |
| | | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| Agenda No. 29 | Nam Add | ress 109 N Fr Madison, | LACCHI SALINSA WE 73702 | | |
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| Please check the appropriate boxes: | | | | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | | | | |
| Oppose | <u> </u> | X | X | | |
| Neither support nor oppose | · · · · · · · · · · · · · · · · · · · | | | | |
| I wish to speak | | | | | |
| Available for information only | | | | | |
| At this meeting are you representing an of (If you answered "no," STOP; you need question.) Name, address and telephone number of | d not complete the | rest of this form. If you ar | nswered "yes," go on to the next | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | each person or or | rest of this form. If you ar | nswered "yes," go on to the next | | |
| (If you answered "no," STOP; you need question) | each person or or | rest of this form. If you ar | nswered "yes," go on to the next | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of Are you being paid for your representation. Are you appearing as part of your other part of your answered "no," STOP; you need to the part of your need to the part of your other part of your answered "no," STOP; you need to the part of your other part of your answered "no," STOP; you need to the part of your other part of your answered "no," STOP; you need to the part of your other part of your answered "no," STOP; you need to the part of your other part of your answered "no," STOP; you need to the part of your other part of your other part of your answered "no," STOP; you need to the part of your other part of your ot | each person or or on? | rest of this form. If you are represed an are represed as person or organization? | nswered "yes," go on to the next Inting: Yes No | | |
| (If you answered "no," STOP; you need question) Name, address and telephone number of Are you being paid for your representation Are you appearing as part of your other part (If you answered "no," STOP; you need question) | each person or or on? on? paid duties for this into complete the | rest of this form. If you are represed an are represed as person or organization? | nswered "yes," go on to the next Inting: Yes No | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | each person or or on? paid duties for this into complete the | ganization you are represess person or organization? rest of this form. If you are | nswered "yes," go on to the next Inting: Yes No | | |

| | ou an e imental | elected official who is appearing solely on behalf of your office or for your municipality or other 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 that: | are bei | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
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| | 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? |
| | 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? |
| | | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |
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City of Madison Registration Statement - Common Council

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| Agenda No. 29 | Addr | ess <u> </u> | he te made |
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| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | X |
| Oppose | × | Y | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| Name, address and telephone number of the control o | on? | s person or organization? rest of this form. If you a | Yes No |
| Speaking Limit: | | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | | | |
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| Are you an e governmental | lected official who is appearing solely on behalf of your office or for your municipality or other body? |
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| | ed "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.) |
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| \ D P | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's In 103 of the City-County Building, Madison, for more information.) |
| Date So | Hathleen A. Albedyll Print Name KAthleen A. Albedyll |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| I KINI I NAME CEEARCI | | | | |
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| Agenda No. 29 | Add | ress 237 = | TO NOTHER | |
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| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| · | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | | |
| Oppose | | المسا | | |
| Neither support nor oppose | | | | |
| I wish to speak | | | | |
| Available for information only | | | | |
| Are you being paid for your representa | ation? | | ☐ Yes ※ No | |
| Are you appearing as part of your othe (If you answered "no," STOP; you ne question.) | | | Yes No nswered "yes," go on to the ne | |
| Speaking Limit: | •••••• | 4 minutes | | |
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| | ou an e nmental | lected official who body? | is appearing solely | on behalf o | f your office | or for your mun Yes | icipality or other ☐ No |
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| | | red "yes" to the quest ou answered "no" to | | | | his form, except t | hat you must sign |
| If you that: | are bei | ng paid for your rep | resentation, or if yo | our appearanc | e is part of oth | er paid duties, d | o you understand |
| | 1 | Before you engage with the City Clerk | | bbyist, you or | your principal | must file an autl | norization No |
| | 2 | Your principal is n with the City Clerk | | thorize you to | lobby unless | the principal is i | registered No |
| | 3 | If your principal sp period (calendar qu the remaining quart | arter), the principa | l must file ex | | _ | |
| (If you Office | answer at Roon | ed "no" to any of the 103 of the City-Cou | e last three questio nty Building, Madi | ns, please cal son, for more | l the City Cleri information.) | k at 266-4601 or | go to the Clerk's |
| Date _ | | | Signature | | | | |
| | | | Print Name | | | | |
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City of Madison Registration Statement - Common Council

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| Addı | tess <u>Kalleeri</u> Medis n | Mortensen lemons Ave Wi 53704 |
| | 146-54 | 7 77 77 7 |
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| 01880 | 01881 | 01985 |
| Referendum | Hardship Exemption | Repealing smoking ban |
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| on? | | Yes No |
| paid duties for this I not complete the | s person or organization? rest of this form. If you an | Yes No Swered "yes," go on to the next |
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| | 4 minutes | |
| | 4 minutes | |
| - | organization or a plant of complete the each person or or on? | O1880 Referendum Hardship Exemption organization or a person other than yourself: d not complete the rest of this form. If you are represented the person or organization you are represented the person or organization of the person of the p |

| | ou an o nmental | elected official who is appear body? | ring solely o | n behalf of yo | ur office or fo | or your muni | cipality or other No |
|-----------------|--------------------|--|----------------|------------------|-----------------|-----------------|----------------------|
| | | red "yes" to the question, ST (ou answered "no" to the ques | | | | orm, except ti | hat you must sign |
| If you that: | are bei | ng paid for your representation | on, or if your | appearance is | part of other p | aid duties, de | you understand |
| | 1 | Before you engage in lobby with the City Clerk? | ing as a lobby | vist, you or you | r principal mus | st file an auth | orization No |
| | 2 | Your principal is not permi with the City Clerk? | itted to autho | rize you to lob | by unless the | principal is r | egistered No |
| | 3 | If your principal spends or period (calendar quarter), the the remaining quarters of the | ie principal m | ust file expens | | | |
| | | ed "no" to any of the last thr n 103 of the City-County Build | | | | 266-4601 or | go to the Clerk's |
| Date | | Sig | gnature | | | | |
| | | Pri | nt Name | | | <u> </u> | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| Agenda No. 29 | Add | ress 615 W. 1 | MAIN) ST #4/18 |
| | Auu | AA ANTENA | 1 11/1 127/13 |
| | | MADIOUN | 1 Waster 55100 |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | <u> </u> | | |
| Oppose | X | | X |
| Neither support nor oppose | | X | |
| I wish to speak | | | |
| Available for information only | | | |
| Are you being paid for your representati | ion? | | ☐ Yes ☐ No |
| Are you being paid for your representati | ioir: | | 165 116 |
| Are you appearing as part of your other (If you answered "no," STOP; you need question) | paid duties for thi d not complete the | s person or organization? erest of this form. If you a | Yes No nswered "yes," go on to the next |
| Speaking Limit: | *************************************** | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | (500 | | |
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| | | REGIS ' | TRANT# |

| | ou an e nmental | lected official who is appearing solely on behalf of your office or for your municipality or other body? |
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| | | 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 that: | are beir | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No |
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| (If you Office | answer at Room | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's a 103 of the City-County Building, Madison, for more information) |
| Date _ | | Signature |
| | | Print Name |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| Agenda No. 29 | Nam Add | cess Chris, Jones 1126 De Madison, | cimie + Isa Hollenbaci bra Lane | Lely. |
| Please check the appropriate boxes: | | Madison, | WI 537 | 94 |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smo | king ban |
| Support Oppose | Withles | MARECEN | nner i | ZEEN |
| Neither support nor oppose I wish to speak | | | | |
| Available for information only | | | | |
| Name, address and telephone number of | | ganization you are repres | enting: | |
| Are you being paid for your representa | tion? | | | |
| Are you appearing as part of your othe (If you answered "no," STOP; you ne question.) | r paid duties for thi ed not complete the | s person or organization? rest of this form. If you d | | No on to the next |
| Speaking Limit: | | 4 minutes | | |
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| REGISTRANT # | | | | |
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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 Your Monthson of the property of the pr | | | | |
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| | wered "yes" to the question f you answered "no" to the | | _ | | except that you must sign |
| If you are that: | being paid for your represe | entation, or if y | our appearance is | part of other paid o | luties, do you understand |
| 1. | Before you engage in l with the City Clerk? | obbying as a lo | bbyist, you or you | nr principal must file | e an authorization Yes No |
| 2. | Your principal is not pwith the City Clerk? | permitted to au | thorize you to lob | by unless the princ | cipal is registered Yes No |
| 3. | If your principal spend period (calendar quarte the remaining quarters | er), the principa | l must file expens | · — | - |
| | vered "no" to any of the la nom 103 of the City-County | | | | 4601 or go to the Clerk's |
| Date | 1-20-05 | Signature Print Name | There's | Alle - Labor | Hollenback |
| | | rimi Name | | s jogner | roneriedes ! |
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| | Nam | Name Judy Skog Address 626 Orshard Dr. | | | |
| Agenda No. 29 | Addı | ress <u>626 Ors</u> | hard Dr. | | |
| | | Modison | WI 53711 | | |
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| Please check the appropriate boxes: | | | | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | | | | |
| Oppose | × | | X | | |
| Neither support nor oppose | | X | <u> </u> | | |
| I wish to speak | | | | | |
| Available for information only | | | | | |
| | | | | | |
| Are you being paid for your represent | ation? | | ☐ Yes ☐ No | | |
| Are you appearing as part of your othe (If you answered "no," STOP; you no question.) | er paid duties for thi eed not complete the | s person or organization? erest of this form. If you a | Yes No nswered "yes," go on to the next | | |
| Speaking Limit: | ••••••• | 4 minutes | | | |
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| | | elected official who is appearing solely on behalf of your office or for your municipality or other lbody? |
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| Date _. | , , | Signature |
| | | Print Name |
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| Agenda No. 29 | Addr | ess 315-7 Mu | yr tield izd |
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| | 1 | V | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | <u> </u> |
| Oppose | X | X | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| Name, address and telephone number of Are you being paid for your representation | | ganization you are repres | T Yes No |
| Me you being paid for your representation. | | | |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | aid duties for this not complete the | s person or organization? rest of this form. If you | Yes No No answered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
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| REGISTRANT # | | | |
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| | ou an ei nmental | lected official who is apbody? | opearing solel | y on behalf of you | r office or | for your muni | icipality or other |
|-----------------|---------------------|--|-------------------|---------------------|--------------|-------------------|--------------------|
| | | ed "yes" to the question, u answered "no" to the q | | - | - | s form, except ti | hat you must sign |
| If you that: | are beir | ng paid for your represer | ntation, or if yo | our appearance is p | art of other | paid duties, de | you understand |
| | 1. | Before you engage in lowith the City Clerk? | bbying as a lo | bbyist, you or your | principal m | nust file an auth | orization No |
| | 2. | Your principal is not powith the City Clerk? | ermitted to au | thorize you to lobb | y unless th | e principal is r | egistered No |
| | 3. | If your principal spends period (calendar quarter the remaining quarters o |), the principa | d must file expense | | | |
| | | ed "no" to any of the las 103 of the City-County 1 | | | | nt 266-4601 or | go to the Clerk's |
| Date _ | Sex | + 20 1105 | Signature | Poure | LB | WZ611 | |
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You must register before the Council considers your item.

| | PRINT NAME CLEARLY | | | |
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| Agenda No. 29 | Nam Addı | | 30V/E Jewb/ MW. | |
| Please check the appropriate boxes: | | | | |
| Support | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban | |
| Oppose | | | 1 | |
| Neither support nor oppose | | | | |
| I wish to speak | | | | |
| Available for information only | | | | |
| Name, address and telephone number of | each person or or | ganization you are represe | enting: | |
| Are you being paid for your representation | on? | | ☐ Yes 📈 No | |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question) | paid duties for this not complete the | s person or organization? rest of this form. If you a | Yes No nswered "yes," go on to the next | |
| Speaking Limit: | | 4 minutes | | |
| REGISTRANT # | (See | Back) | | |
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REGISTRANT #

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| (If you this fo | i answer rm. If yo | 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) |
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| Date _ | 9 | Signature May avive |
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| Agenda No. 29 | Addı | ess Madisan | ·UI | | |
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| Please check the appropriate boxes: | | | | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing moking ban | | |
| Support | | | | | |
| Oppose | 1/ | 1/ | | | |
| Neither support nor oppose | | | | | |
| I wish to speak | | | | | |
| Available for information only | | | | | |
| Name, address and telephone number of | egic _ | | | | |
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| Are you being paid for your representation? | | | ∐ Yes No | | |
| Are you appearing as part of your other If you answered "no," STOP; you need usestion) | r paid duties for this ed not complete the | s person or organization? rest of this form. If you ar | Yes Nonswered "yes," go on to the next | | |
| Speaking Limit: | | 4 minutes | | | |
| | (See | Back) | | | |
| REGISTRANT # | · | , | | | |
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| | | REGIS | ΓRANT # | | |

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| Are you ar | elected official who is appearing solely on behalf of your office or for your municipality or other tal body? |
| | vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
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| Office at Ro | vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) Signature Print Name Of 10 any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| Agenda No. 29 | Addı | ess 226 RAN | MOLPH OL |
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| | | 17 00 (28P) | WT 537/7 |
| Please check the appropriate boxes: | | | |
| Thease effect the appropriate boxes. | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | | | |
| Neither support nor oppose | | - | |
| I wish to speak | | | |
| Available for information only | | <u> </u> | |
| At this meeting are you representing an (If you answered "no," STOP; you nee question.) Name, address and telephone number o | ed not complete the | e rest of this form. If you are ganization you are represent | nswered "yes," go on to the next nting: |
| At this meeting are you representing an (If you answered "no," STOP; you nee question.) Name, address and telephone number o | f each person or or E DANE C | e rest of this form. If you ar | nswered "yes," go on to the next |
| At this meeting are you representing an (If you answered "no," STOP; you nee question.) Name, address and telephone number of TOBACCO-FRE | f each person or or ENANE COURT PR | e rest of this form. If you are ganization you are represent | nswered "yes," go on to the next |
| At this meeting are you representing an (If you answered "no," STOP; you need question.) Name, address and telephone number of the control o | f each person or | ganization you are represented the control of this form. If you are ganization you are represented the control of the control | nswered "yes," go on to the next Inting: Yes No |
| At this meeting are you representing an (If you answered "no," STOP; you nee question.) Name, address and telephone number of the properties of the propert | f each person or | ganization you are represented the control of this form. If you are rest of this form. If you are rest of this form. If you are | nswered "yes," go on to the next Inting: Yes No |
| At this meeting are you representing an (If you answered "no," STOP; you need question.) Name, address and telephone number of the confidence of the confid | f each person or | ganization you are represented the sound of this form. If you are rest of this form. If you are rest of this form. If you are4 minutes | nswered "yes," go on to the next Inting: Yes No |
| At this meeting are you representing an (If you answered "no," STOP; you need question.) Name, address and telephone number of the confidence of the confid | f each person or | ganization you are represented the control of this form. If you are rest of this form. If you are rest of this form. If you are | nswered "yes," go on to the next Inting: Yes No |

| | ou an e mental | lected official who is apbody? | opearing solely | on behalf of | your office or | for your muni | cipality or other No |
|-----------------|-------------------|--|-------------------|---------------------------------------|---|-------------------|-----------------------|
| | | ed "yes" to the question, ou answered "no" to the c | | | | form, except th | aat you must sign |
| If you that: | are beii | ng paid for your represer | ntation, or if yo | ur appearance | is part of other | paid duties, do | you understand |
| | 1 | Before you engage in lowith the City Clerk? | obbying as a lob | obyist, you or | your principal m | ust file an auth | orization No |
| | 2 | Your principal is not powith the City Clerk? | ermitted to aut | horize you to | lobby unless the | e principal is re | egistered No |
| | 3. | If your principal spends period (calendar quarter the remaining quarters o |), the principal | must file exp | | | |
| | | ed "no" to any of the las a 103 of the City-County l | | | | at 266-4601 or g | go to the Clerk's |
| Date _ | | A property serving | Signature | | | | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

REGISTRANT #

| Name Agenda No. 29 Address Please check the appropriate boxes: 01880 | i f |
|--|---------------------------------------|
| Please check the appropriate boxes: 01880 01881 01995 Referendum Hardship Exemption Repealing smoking Support | PIS |
| 01880 01881 01985 Referendum Hardship Exemption Repealing smoking Support * | |
| 01880 01881 01985 Referendum Hardship Exemption Repealing smoking Support * | |
| Referendum Hardship Exemption Repealing smoking Support ' Compared to the comp | |
| Support | |
| | ban |
| · · · · · · · · · · · · · · · · · · · | |
| Oppose | |
| Neither support nor oppose | · · · |
| I wish to speak | |
| Available for information only | |
| Name, address and telephone number of each person or organization you are representing: | · · · · · · · · · · · · · · · · · · · |
| Are you being paid for your representation? | |
| Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to question) | the next |
| Speaking Limit:4 minutes | |
| (See Back) | |
| | |
| REGISTRANT # | |
| REGISTRANT # | ~ |

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|---------------------------------|--|
| Are you an governmental | elected official who is appearing solely on behalf of your office or for your municipality or other lbody? |
| | ered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you 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, do you understand |
| 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 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? |
| (If you answe Office at Room | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information) |
| Date | 28/05 Signature |
| | Print Name |
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REGISTRANT #

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | PRINT NAME CLEARLY | | | | | |
|--|----------------------|-------------------------------|---|--|--|--|
| Agenda No. 29 | Nam Addi | ress 326 i M Madisa | art Niwaskee St on WI 53714 | | | |
| Please check the appropriate boxes: | | | | | | |
| Support | 01880 Referendum | 01881 Hardship Exemption | 01985 Repeating smoking ban | | | |
| Oppose Neither support nor oppose I wish to speak Available for information only | | | | | | |
| At this meeting are you representing an of (If you answered "no," STOP; you need question.) Name, address and telephone number of | not complete the | e rest of this form. If you o | inswered "yes," go on to the next | | | |
| Are you being paid for your representation. Are you appearing as part of your other part (If you answered "no," STOP; you need | oaid duties for this | s person or organization? | Yes No Yes No Inswered "yes," go on to the next | | | |
| question.) Speaking Limit: | | | , , , | | | |
| REGISTRANT # | · | Back) | | | | |
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| | ou an e nmental | lected official who is body? | appearing solely | on behalf o | of your of | fice or for | | cipality or other | |
|-----------------|--------------------|--|---------------------|---------------|--------------|----------------|----------------|-------------------|----|
| | | red "yes" to the question answered "no" to th | | | | t of this forn | n, except th | at you must sign | |
| If you that: | are beir | ng paid for your repres | sentation, or if yo | ur appearand | ce is part o | of other paid | l duties, do | you understand | |
| | 1 | Before you engage in with the City Clerk? | lobbying as a lob | byist, you o | r your prin | cipal must t | ile an autho | orization No | |
| | 2. | Your principal is not with the City Clerk? | permitted to auth | norize you to | o lobby un | lless the pri | ncipal is re | egistered No | |
| | 3. | If your principal spen period (calendar quart the remaining quarters | ter), the principal | must file ex | | | | | |
| | | ed "no" to any of the l 103 of the City-County | | | | | 5-4601 or g | go to the Clerk's | |
| Date _ | 9/2 | 20/05 | Signature | 12 | | | And the second | | |
| | • | | Print Name | | | | | | |
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REGISTRANT # ____

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | PRINT N | AME CLEARLY | | | |
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| Agenda No. 29 | Nam Addi | ress 40 1 El Maden | nsile Blud , us 53704 | | | |
| Please check the appropriate boxes: | | | | | | |
| Comment | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban | | | |
| Support Oppose | <u> </u> | | | | | |
| Neither support nor oppose | <u> </u> | / - | | | | |
| I wish to speak | | | | | | |
| Available for information only | ··· | | | | | |
| 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 part (If you answered "no," STOP; you need question.) | | | | | | |
| Speaking Limit: | ••••• | 4 minutes | | | | |
| (See Back) REGISTRANT # | | | | | | |
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| | ou an el nmental | lected official who is appearing solely on behalf of your office or for your municipality or obody? | other |
|-------------------|---------------------|--|---|
| | | red "yes" to the question, STOP. You need not complete the rest of this form, except that you must bu answered "no" to the question, go on to the next question.) | sign |
| If you that: | are beir | ng paid for your representation, or if your appearance is part of other paid duties, do you unders | stand |
| | 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 the principal is registered with the City Clerk? | |
| | 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? | |
| (If you Office | answere at Room | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Cle i 103 of the City-County Building, Madison, for more information.) | erk's |
| Date _ | · | Signature | *************************************** |
| | | Print Name | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Nam Addr 01880 | | MARQUEATES |
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| 01880 | | MARCHIETTE SOU, WIE |
| | | ou, WI |
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| | 01881 | 01985 |
| Referendum | Hardship Exemption | Repealing smoking ban |
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| | | 111 111 11 11 11 11 11 11 11 11 11 11 1 |
| | | Yes No |
| | | ☐ Yes ☐ No nswered "yes," go on to the next |
| •••••• | 4 minutes | |
| (See J | Back) | |
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| | of complete the | anization or a person other than yourself: of complete the rest of this form. If you are the person or organization you are represent the duties for this person or organization? of complete the rest of this form. If you are 4 minutes (See Back) |

| | | elected official will body? | ho is appearing solely on behalf | of your office or for your municipality or other Yes No |
|-------------------|-----------------|--|---|--|
| | | | uestion, STOP. You need not comp' to the question, go on to the next o | olete the rest of this form, except that you must sign question.) |
| If you that: | are be | eing paid for your | representation, or if your appearar | ace is part of other paid duties, do you understand |
| | 1 | Before you enga with the City Cl | | or your principal must file an authorization Yes No |
| | 2 | Your principal with the City Cl | | to lobby unless the principal is registered Yes No |
| | 3 | period (calendar | l spends or will owe more than \$: quarter), the principal must file enarters of the calendar year? | 500 for lobbying services in any reporting expense statements with the City Clerk for Yes No |
| (If yoı Office | answe at Roo | ered "no" to any o om 103 of the City-(| f the last three questions, please co County Building, Madison, for mor | all the City Clerk at 266-4601 or go to the Clerk's e information.) |
| Date . | 9- | 20-200 | Signature | QJ fill |
| | | | Print Name ST | EPHOW BOSHEFF |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam | 12 7 | Meyen |
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| Agenda No. 29 | Addı | ress D Vacous | 5 (Ount |
| | | | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | X | X |
| Neither support nor oppose | 7. | | |
| I wish to speak | | | |
| Available for information only | | | |
| At this meeting are you representing ar | | | ☐ Yes No |
| Name, address and telephone number of | | | |
| Are you being paid for your representa | tion? | | Yes No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | r paid duties for this ed not complete the | s person or organization? rest of this form. If you ar | ☐ Yes ☐ No nswered "yes," go on to the next |
| Speaking Limit: | •••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | | | |
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| | | REGIST | ΓRANT # |

| (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? 2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? 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? (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 | 47 | ou an e | lected official who is a body? | ppearing solel | y on behalf of | f your office | | cipality or other No |
|--|--------|----------|--------------------------------|------------------|------------------|------------------|---------------------|-------------------------|
| that: 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 the principal is registered with the City Clerk? 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? (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 92005 Signature Signature Print Name Sont a K. Mayer | | | , _ | | - | • | his form, except th | nat you must sign |
| with the City Clerk? Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? 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 720/75 Signature Print Name 6/201/2 K. Meyen | | are beir | ng paid for your represer | ntation, or if y | our appearance | e is part of oth | ner paid duties, do | you understand |
| with the City Clerk? 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? [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 92005 Signature Signature Print Name Sould a K. Mayon | | 1 | , | obbying as a lo | bbyist, you or | your principal | | |
| period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? (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 92005 Signature Signature Print Name Signature Print Name Signature | | 2. | | ermitted to au | thorize you to | lobby unless | | |
| Office at Room 103 of the City-County Building, Madison, for more information.) Date 92005 Signature Slave K. Meyen Print Name 6/2012 K. Meyen | | 3 | period (calendar quarter | r), the principa | al must file exp | | its with the City | Clerk for |
| Print Name Glania K. Meyen | 1 2 2 | | ,, , | • | ~ | | k at 266-4601 or g | go to the Clerk's |
| | Date _ | 9/2 | 0/05 | , i | Slave Glaric | a Kil | Megan | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Name Catol Ferguson | | |
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| Agenda No. 29 | • | ,, , , , , , , , , , , , , , , , , , , | shingtn Av #60 |
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| | | Madison W | 1 33763 |
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| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | X | <u> </u> |
| Neither support nor oppose | | | |
| | | | |
| I wish to speak | | | |
| I wish to speak Available for information only At this meeting are you representing ar If you answered "no," STOP; you need usestion.) | ed not complete the | rest of this form. If you ar | nswered "yes," go on to the nex |
| I wish to speak Available for information only At this meeting are you representing ar If you answered "no," STOP; you need usestion.) | ed not complete the | rest of this form. If you ar | nswered "yes," go on to the nex |
| I wish to speak Available for information only At this meeting are you representing ar (If you answered "no," STOP; you need question.) Name, address and telephone number of | ed not complete the | rest of this form. If you ar | nswered "yes," go on to the next |
| I wish to speak Available for information only At this meeting are you representing are If you answered "no," STOP; you need the street you being paid for your representative you appearing as part of your other If you answered "no," STOP; you need If you answered "no," STOP; you need | ed not complete the | ganization you are represent sperson or organization? | nswered "yes," go on to the nex |
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| I wish to speak Available for information only At this meeting are you representing are you answered "no," STOP; you need to be supported to | of each person or or tion? To paid duties for this ed not complete the | ganization you are represent sperson or organization? rest of this form. If you are | nswered "yes," go on to the nex |
| I wish to speak | of each person or or tion? To paid duties for this ed not complete the | ganization you are represent sperson or organization? rest of this form. If you are rest of this form. If you are | nswered "yes," go on to the next |

| Are you an governmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
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| | 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, do you understand |
| 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 the principal is registered with the City Clerk? |
| 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? |
| | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | PRINT NA | AME CLEARLY | |
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| Agenda No. 29 | Nam Addi | 2 - 2 / 24 | 1/WOULLEST | |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | | |
| Oppose Neither support nor oppose | | | | |
| I wish to speak | | s* | 1,000.00 | |
| Available for information only | *************************************** | | market 9 miles | |
| Name, address and telephone number of | each person or or | ganization you are represe | enting: | |
| Are you being paid for your representation? | | | | |
| Are you appearing as part of your other paid duties for this person or organization? Yes Wo (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 Limit:4 minutes | | | | |
| REGISTRANT # | (See | Back) | | |
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REGISTRANT #

| | ou an e nmental | | opearing solely | on behalf of your office o | r for your municipality of other | Ľ. |
|-----------------|--------------------|--|--------------------|--|------------------------------------|----|
| | | ed "yes" to the question, ou answered "no" to the c | | | is form, except that you must sign | 1 |
| If you that: | are bei | ng paid for your represer | ntation, or if you | ir appearance is part of othe | er paid duties, do you understand | 1 |
| | 1 | Before you engage in lowith the City Clerk? | obbying as a lob | byist, you or your principal | must file an authorization Yes No | |
| | 2. | Your principal is not p with the City Clerk? | ermitted to auth | orize you to lobby unless t | he principal is registered Yes No | |
| | 3 | | r), the principal | ore than \$500 for lobbying must file expense statement ear? | | |
| | | | | s, please call the City Clerk on, for more information.) | at 266-4601 or go to the Clerk's | ŗ |
| Date _ | 9-0 | 20-05 <u> </u> | Signature | Barrielon | | _ |
| | | | Print Name | Bonnielo | V/L | _ |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e Thoma | s REEd Hiawatha Da |
|---|---|---|--|
| Agenda No. 29 | Add | ress 4001 1 | Hiawatha Ih |
| | i. | mal | wan 53711 |
| | | | |
| Please check the appropriate boxes: | | • | |
| | *************************************** | - | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | · · · · · · · · · · · · · · · · · · · |
| Oppose | X | × | <u> </u> |
| Neither support nor oppose | | 1 | |
| I wish to speak | | | 6F-100-07-07-07-07-07-07-07-07-07-07-07-07-0 |
| Available for information only | | | 100000 |
| Aro you haing naid for your consequent | ation? | | ☐ Yes ☐ No |
| Are you being paid for your representa | HIOH? | | |
| Are you appearing as part of your other (If you answered "no," STOP; you need to be puestion) | er paid duties for this eed not complete the | s person or organization? rest of this form. If you ar | Yes No nswered "yes," go on to the nex |
| Speaking Limit: | ••••• | 4 minutes | |
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| | | RE(318) | TRANT# |

| | ou an e nmental | | on behalf of your office or for your municipality or other Yes No |
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| | | red "yes" to the question, STOP . You need ou answered "no" to the question, go on | ed not complete the rest of this form, except that you must sign to the next question) |
| If you that: | are bei | ng paid for your representation, or if yo | ur appearance is part of other paid duties, do you understand |
| | 1. | Before you engage in lobbying as a lob with the City Clerk? | byist, you or your principal must file an authorization Yes No |
| | 2 | Your principal is not permitted to auth with the City Clerk? | norize you to lobby unless the principal is registered Yes No |
| | 3. | . | must file expense statements with the City Clerk for ear? Yes No |
| | | red "no" to any of the last three question n 103 of the City-County Building, Madis | s, please call the City Clerk at 266-4601 or go to the Clerk's on, for more information) |
| Date _ | · | Signature | |
| | | Print Name | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

REGISTRANT #

| Agenda No. 29 | Nam Addı | 11/10 | A NELSON CLAPATION AND WI SZZÓY |
|--|--|--|---------------------------------------|
| Please check the appropriate boxes: | · | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | * | |
| Oppose | X | | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
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| Are you governn | | | appearing solel | ly on behalf of your office or for your municipality or other Yes |
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| | | red "yes" to the question ou answered "no" to the | | need not complete the rest of this form, except that you must sign n to the next question.) |
| If you a that: | re bei | ng paid for your represe | entation, or if y | your appearance is part of other paid duties, do you understand |
| 5 | 1 | Before you engage in I with the City Clerk? | obbying as a lo | obbyist, you or your principal must file an authorization Yes No |
| 2 | 2., | Your principal is not pwith the City Clerk? | permitted to au | nthorize you to lobby unless the principal is registered Yes |
| 3 | 3. | | er), the principa | more than \$500 for lobbying services in any reporting all must file expense statements with the City Clerk for year? |
| (If you a Office at | nswer Room | ed "no" to any of the la 103 of the City-County | st three questic Building, Mad | ons, please call the City Clerk at 266-4601 or go to the Clerk's ison, for more information) |
| Date | 7 - | 20-5 | Signature Print Name | MARHIN A MUELSON |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| 880 endum | Nancy Mech 2112 E Main Madison, V 01881 Hardship Exemption A erson other than yourself: rest of this form. If you are anization you are represent | 01985 Repealing smoking ban X Yes No aswered "yes," go on to the next |
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| 880 endum | O1881 Hardship Exemption X erson other than yourself: rest of this form. If you are | 01985 Repealing smoking ban |
| 880 endum | O1881 Hardship Exemption X erson other than yourself: rest of this form. If you are | 01985 Repealing smoking ban |
| 880 endum | O1881 Hardship Exemption X erson other than yourself: rest of this form. If you are | 01985 Repealing smoking ban X Yes No aswered "yes," go on to the next |
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| | | Yes No |
| es for this p uplete the re | person or organization? est of this form. If you an | Yes No swered "yes," go on to the next |
| •••••• | 4 minutes | |
| (See Ba | ack) | |
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| , | (See B | es for this person or organization? aplete the rest of this form. If you are 4 minutes (See Back) |

| Are you an egovernmental | | ppearing solely on behalf of your office or for your municipality or other Yes No |
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| | | , STOP. You need not complete the rest of this form, except that you must sign question, go on to the next question.) |
| If you are beithat: | ng paid for your represe | ntation, or if your appearance is part of other paid duties, do you understand |
| 1. | Before you engage in lewith the City Clerk? | obbying as a lobbyist, you or your principal must file an authorization Yes No |
| 2. | Your principal is not p with the City Clerk? | permitted to authorize you to lobby unless the principal is registered Yes No |
| 3. | | s or will owe more than \$500 for lobbying services in any reporting r), the principal must file expense statements with the City Clerk for of the calendar year? Yes No |
| | | st three questions, please call the City Clerk at 266-4601 or go to the Clerk's Building, Madison, for more information.) |
| Date <u>9/20</u> | 1/05 | Signature Maney T. Michaud Print Name Maney T. Michaud |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | INITI | AME CLEARET |
|--|------------|--------------------|----------------------------------|
| | Nam | e Sandra | Schmelzkopf Reston Heights Di |
| Agenda No. 29 | Addı | ess 6709-1 1 | Reston Heialds Di |
| | | malism | WI 53718 |
| | | 111020113011 | |
| Please check the appropriate boxes: | | | |
| Trouse enters are appropriate cones. | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | | V | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| A control being maid for the second s | ion? | | ☐ Yes ☐ No |
| Are you being paid for your representat | 1011? | | L res L No |
| Are you appearing as part of your other (If you answered "no," STOP; you nee question.) | | | |
| Speaking Limit: | •••••• | 4 minutes | |
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| | | n elected official who is appearing solely on behalf of your outal body? | office or for your municipality or other Yes No |
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| | | wered "yes" to the question, STOP . You need not complete the ref you answered "no" to the question, go on to the next question.) | est of this form, except that you must sign |
| If you that: | are bei | being paid for your representation, or if your appearance is part | of other paid duties, do you understand |
| | 1 | Before you engage in lobbying as a lobbyist, you or your pr with the City Clerk? | incipal must file an authorization Yes No |
| | 2. | Your principal is not permitted to authorize you to lobby with the City Clerk? | unless the principal is registered Yes No |
| | 3. | If your principal spends or will owe more than \$500 for lo period (calendar quarter), the principal must file expense st the remaining quarters of the calendar year? | bbying services in any reporting atements with the City Clerk for Yes No |
| | | wered "no" to any of the last three questions, please call the Cit oom 103 of the City-County Building, Madison, for more informa | |
| Date _ | | Signature | |
| _ | | Print Name | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| 1880 prendum ation or a sumplete the | 01881 Hardship Exemption person other than yourself: exercise form If you a | 01985 Repealing smoking ban Yes No nswered "yes," go on to the next |
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| n | nplete the | ies for this person or organization? nplete the rest of this form. If you are 4 minutes (See Back) |

| | ou an o nmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
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| | | 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 that: | are bei | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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? |
| (If you Office | i answei at Roor | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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| Please check the appropriate boxes: 01880 | Agenda No. 29 | Add | ress <u>205</u> 2 | SAINT ALBAN |
| Please check the appropriate boxes: 01880 | | | mdsn | <i>(</i> |
| O1880 O1881 O1985 Referendum Hardship Exemption Repealing smoking ban Support | Please check the appropriate boxes: | | 5 | 3714-2705 |
| Referendum Hardship Exemption Repealing smoking ban Support Oppose Neither support not oppose I wish to speak Available for information only 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 nex question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? 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 nex question.) Speaking Limit: (See Back) | | 01880 | 01881 | 01085 |
| Support Oppose Neither support nor oppose I wish to speak Available for information only At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nex question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nex question.) Speaking Limit: (See Back) | | } | 1 | |
| Oppose Neither support not oppose I wish to speak Available for information only At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nex question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nex question.) Speaking Limit: (See Back) | Support | Referendant | | XX |
| Neither support nor oppose I wish to speak Available for information only 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 nex question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? 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 nex question.) Speaking Limit: 4 minutes (See Back) | | XX | | |
| I wish to speak Available for information only 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 nex question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? 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 nex question.) Speaking Limit: (See Back) | | - A ! | 1 | |
| Available for information only At this meeting are you representing an organization or a person other than yourself: (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? Are you appearing as part of your other paid duties for this person or organization? (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 Limit: (See Back) | | , | | |
| At this meeting are you representing an organization or a person other than yourself: (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? Are you appearing as part of your other paid duties for this person or organization? (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 Limit: (See Back) | | | | |
| Are you appearing as part of your other paid duties for this person or organization? (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 Limit: 4 minutes (See Back) | Are you being paid for your representat | tion? | | ☐ Yes 【No |
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| (See Back) Sharkey | Speeking Limit | | 4 minutes | , |
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REGISTRANT #

| | ou an e imental | lected official who is appearing solely on behalf of your office or for your municipality or other body? |
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| | | ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.) |
| If you that: | are bein | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 the principal is registered with the City Clerk? |
| | 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? |
| | | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| O1881 Hardship Exemption erson other than yourselvest of this form. If you an anization you are representation. | O1985 Repealing smoking ban f: Yes No answered "yes," go on to the next senting: |
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| Are you | | | o is appearing solely | on behalf of | your office or | for your muni | icipality or other No |
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| | 1 | Before you engage with the City Cle | ge in lobbying as a lobak? | obyist, you or y | our principal m | ust file an auth | orization No |
| 2 | 2., | Your principal is with the City Cle | s not permitted to autink? | horize you to l | obby unless the | principal is r | registered No |
| Í | 3. | period (calendar | spends or will owe me quarter), the principal arters of the calendar y | must file expe | | • | • |
| | | | the last three question County Building, Madis | | | t 266-4601 or | go to the Clerk's |
| Date | | | Signature | | | | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

REGISTRANT #

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| Agenda No. 29 | Addı | ress 2009 FIRE | AN Frogs | | | | | | |
| | 7100 | | | | | | | | |
| | | MAD WI | | | | | | | |
| | | | ay. | | | | | | |
| Please check the appropriate boxes: | | | | | | | | | |
| | 01880 | 01881 | 01985 | | | | | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | | | | | |
| Support | | ` i | | | | | | | |
| Oppose | \times | × | | | | | | | |
| Neither support nor oppose | | | | | | | | | |
| I wish to speak | | | | | | | | | |
| Available for information only | | | | | | | | | |
| Name, address and telephone number of Reunetts Mcc Zoog Freepont WAD USS 2 | each person or or | ganization you are represe | nting: | | | | | | |
| Are you being paid for your representation | on? | | ☐ Yes No | | | | | | |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question.) | paid duties for this not complete the | s person or organization? rest of this form. If you ar | Yes No swered "yes," go on to the next | | | | | | |
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| Are you an el governmental t | ected official who is appoody? | pearing solely | y on behalf | of your offi | ice or for you | ır munic Yes | cipality or other No |
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| (If you answere this form. If you | ed "yes" to the question, S u answered "no" to the qu | STOP. You no uestion, go on | eed not com to the next | plete the rest question.) | of this form, e | except th | at you must sign |
| If you are bein that: | ng paid for your represent | ation, or if ye | our appeara | nce is part of | f other paid du | ıties, do | you understand |
| 1 | Before you engage in lob with the City Clerk? | bying as a lo | bbyist, you | or your princ | | an auth Yes | orization No |
| 2 | Your principal is not per with the City Clerk? | rmitted to au | thorize you | to lobby unl | less the princi | pal is re Yes | egistered No |
| | If your principal spends period (calendar quarter) the remaining quarters of | , the principa | al must file | 500 for lobb expense state | ments with th | in any r e City (Yes | eporting Clerk for No |
| (If you answere Office at Room | ed "no" to any of the last 103 of the City-County B | three questio uilding, Madi | ons, please of ison, for mo | all the City (re information | Clerk at 266-4 n.) | 601 or g | go to the Clerk's |
| Date 9 | 1 2 Co | Signature Print Name | Son, for mo | Serving of Marion | | | |