

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Brenda Baker
 Address 1511 Chandler Ave.
Madison, WI 53711

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support	<input checked="" type="checkbox"/>		
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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 next question.)

Name, address and telephone number of each person or organization you are representing:
Madison Children's Museum, 100 State Street, Madison, WI
53703
268-1231 ext. 25

Are you being paid for your representation? Yes No

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

Speaking Limit: 4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date Sept - 20, 2005

Signature



Print Name

Brenda Baker

**City of Madison
Registration Statement - Common Council**

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PRINT NAME CLEARLY

Agenda No. **29**

Name Amanda Fick
Address 28 Sherman Terrace #5
Madison, WI 53704

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			

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Are you being paid for your representation? Yes No

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Speaking Limit:4 minutes

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PRINT NAME CLEARLY

Agenda No. 29

Name Melissa Keyes
Address 300 N. Pinckney St
Madison, WI, 53703

Please check the appropriate boxes:

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

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Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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**City of Madison
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PRINT NAME CLEARLY

Agenda No.	29
------------	----

Name INERID ROTTE
 Address 300 N. Pinckney St.
Madison, WI 53703

Please check the appropriate boxes:

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

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Agenda No. 29

Name Daniel Ross
Address # 125 N Hamilton St #602
Madison WI 53703

Please check the appropriate boxes:

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Support			
Oppose	X	X	X
Neither support nor oppose			
I wish to speak			
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Print Name _____

Date: September 20, 2005

City of Madison Registration Statement - Common Council

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PRINT NAME CLEARLY

Agenda No. 29

Name MARIA Milsted
 Address 106 W. Miffin St.
Madison, WI 53703

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			

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No
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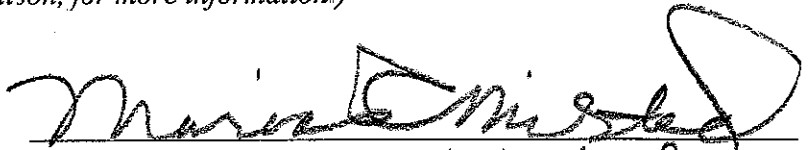
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Date 9.20.05

Signature



Print Name

MARIA C. MILSTED

**City of Madison
Registration Statement - Common Council**

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PRINT NAME CLEARLY

Agenda No. 29

Name Adam Northrop
 Address 2847 Holben Circle
Madison WI, 53718

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			✓
Oppose	✓	✓	
Neither support nor oppose			
I wish to speak			
Available for information only			

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Signature _____

Print Name _____

**City of Madison
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Agenda No. **29**

Name Tim Schmock
Address 513 Edwavel St.
Madison, WI 53711

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak			X
Available for information only			

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Signature _____

Print Name _____

City of Madison
Registration Statement - Common Council

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PRINT NAME CLEARLY

Agenda No. 29

Name Matt Schmock
Address 513 Edward St.
MADISON, WI 53711

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Neither support nor oppose			
I wish to speak			
Available for information only			

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Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

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PRINT NAME CLEARLY

Agenda No. 29

Name Paula Keller
Address 226 Meadowlark Drive
Madison, WI 53714

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			

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Print Name _____

**City of Madison
Registration Statement - Common Council**

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PRINT NAME CLEARLY

<p>Agenda No. 29</p>

Name Lorue M. Tappa
 Address 1453 MacArthur Rd.
Madison, WI 53714

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak			
Available for information only			

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Signature _____

Print Name _____

City of Madison
Registration Statement - Common Council

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Agenda No. 29

Name Brandon Beecher
Address 122 Georgiana Cir
Madison WI 53716

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak			
Available for information only			

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Date 9-20-05

Signature 
Print Name Brandon Beecher

**City of Madison
Registration Statement - Common Council**

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PRINT NAME CLEARLY

Agenda No. **29**

Name Dustin Hermanson
Address 322 Acewood Blvd.
Madison WI

53716

Please check the appropriate boxes:

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

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

Sports Pub
1-608-241-0147

Are you being paid for your representation? Yes No

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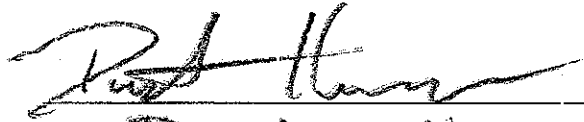
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Signature



Print Name

Dustin Hermanson

Date: September 20, 2005

City of Madison Registration Statement - Common Council

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PRINT NAME CLEARLY

Agenda No. 29

Name Brenda Lange
 Address 2016 Holman Rd.
Deerfield, WI 53331

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Neither support nor oppose			
I wish to speak			
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Registration Statement - Page 2

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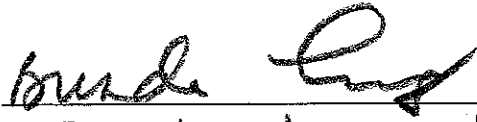
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 9-20-05

Signature 
Print Name Brenda Lang

Date: September 20, 2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
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Name Kristi Gilmore
 Address 2621 Dahle St.
Madison, WI 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak			
Available for information only	X	X	X

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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Date 9-20-05

Signature

Kristi L. Gilmore

Print Name

Kristi L. Gilmore

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name PAUL UEBELHER
Address 341 RIVERSIDE DR
53704

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	X	X

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

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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 Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name John KAUNAUGH
Address 1025 N SHERMAN AVE
MADISON WI 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			✓
Oppose	✓	✓	
Neither support nor oppose			
I wish to speak			
Available for information only			X

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

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Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Jessica Lindner
Address 1904 Jefferson St
Madison, WI

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			

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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Jean Diers
 Address 509 Northport Drive #2
MADISON, WI 53704

Please check the appropriate boxes:

	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 an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name REN MANUSKI
Address 3340 AMOTH CT.
MADISON, WI 53704

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			

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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(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.

PRINT NAME CLEARLY

Agenda No. 29

Name ANGELA WIGANOWSKY
Address 1901 ABERG AVE.
MADISON, WI 53704

Please check the appropriate boxes:

	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 an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date 9-20-05

Signature

Angela Wiganowsky

Print Name

ANGELA WIGANOWSKY

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name KELLY JORDAN
Address 1330 REGENT ST
MADISON, WI 53715

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Neither support nor oppose			
I wish to speak			
Available for information only	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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:

JORDAN'S BIG TEN PUB
1330 REGENT STREET
MADISON

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

REGISTRANT # 16 (See Back)

REGISTRANT # 16

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

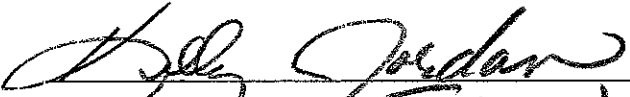
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Date 9-20-05

Signature 
Print Name KELLY C. JORDAN

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Jeff Bissinger
Address 1823 Waunona Way
Madison WI 53713

Please check the appropriate boxes:

	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 an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Tressa Pappas
Address 1823 Wauwata Way
Madison WI 53713

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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 next question)

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

Are you being paid for your representation? Yes No

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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
------------	----

Name Dona Wininsky
 Address 1728 N. HiMount Blvd.
Milwaukee, WI 53208

Please check the appropriate boxes:

	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 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:
American Lung Assn. of WI

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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Date 9/20/15

Signature *Dona Wininsky*
Print Name Dona Wininsky

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Amy Pumper
 Address 22nd Randolph Drive Apt 209B
Madison, WI 53717

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			

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

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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name WILLIAM R. HARRISON
Address 1904 JEFFERSON ST.
MADISON, WI 53711

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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 next question.)

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

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
------------	----

Name Tim Ryan

Address 114 Briar Crest St.
Madison WI 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
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 next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Lori Nitzel
Address 3109 Hermina St.
Madison, WI 53714

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			

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Alfred Matano
Address 3745 Ross St.
Madison, WI 53705

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			

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

<p>Agenda No. 29</p>

Name Mike Flaherty

Address 5604 Chestnut Ln
McFarland

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			

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:
Smoke Free Wisconsin
Wisconsin Ave, Madison

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name STEVEN C. KRUEGER
Address 360 W. WASHINGTON AVE
#514 MADISON, WI 53703

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
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 next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name JANE RAINS
Address 14 LANSING ST
MADISON WI 53714

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			

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
------------	----

Name KEN VANDERWAAL
 Address 30 JOSHUA CIR
MADISON WI 53714

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			

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Alan Udell + Stephonie Udell
Address 8217 Mansion Hill Ave
Madison 53719

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			

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Brendon Dybdahl
Address 6750 Park Ridge Dr., B
Madison, WI 53719

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			

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Kristi Gilmore
Address 2621 Dahle St.
Madison, WI 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak			X
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? 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

(See Back)

REGISTRANT # 93

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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- 2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 9-20-05

Signature Kristi L. Gilmore

Print Name Kristi L Gilmore

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Reid
Address 1952 HEATH AVE
MADISON 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Neither support nor oppose			
I wish to speak	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
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? 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

(See Back)

REGISTRANT # 101

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Kathleen A. Albedull
Address 2338 Moland St # A
Madison, WI 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak			X
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? 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

(See Back)

REGISTRANT # 84

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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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 Sept 20, 2005 Signature Kathleen A. Albedull
Print Name KATHLEEN A. ALBEDULL

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name TANYA ROBISSH
Address 1933 POND ST

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Neither support nor oppose			
I wish to speak			<input checked="" type="checkbox"/>
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? 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

(See Back)

REGISTRANT # 85

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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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 20 Sept, 05

Signature

Tanya Robison

Print Name

TANYA ROBISON

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Teresa Ryan
Address 1227 Bonnid Dr.
Whunakee WI 53597

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	X	X	X
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? 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

(See Back)

REGISTRANT # 67

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Rich Bennett
 Address 416 S Park St
MAD- WI

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak			X
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:
Every one The Work at Bennett's ON The Park

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 70

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 9-20-05

Signature

Richard Bennett

Print Name

Richard Bennett

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name MARSH SHAPIRO
Address 223 N. FRANCIS

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak	X	X	X
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:
NITTY GRITTY
223 N. FRANCIS
MADISON, WI

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 72

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 9-20-05

Signature _____

Print Name MARSH SHARRO

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name DAVID WIGANDOWSKY
 Address 1901 ABERG AV
MADISON WI 53704

Please check the appropriate boxes:

	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 an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 77

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

- 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature David Wigandowsky
Print Name DAVID WIGANDOWSKY

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name PHIL MIELKE
Address 917 WALSH, #103
MADISON, WI 53714

Please check the appropriate boxes:

	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 an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 28

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Matt Landis
Address 121 S. Hamilton St
 Madison 53703

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	X		
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? 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

(See Back)

REGISTRANT # 79

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
------------	----

Name Thomas Kazdousky
 Address 1139 Pauline Ave
Madison, WI 53704

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			X
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? 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

(See Back)

REGISTRANT # 80

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name

DAVID ANDREWS

Address

1821 Rutledge St
Madison

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	✓	✓	✓
Neither support nor oppose			X
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 next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 81

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name TRACY A. Schmock
Address 513 Edward St
MADISON, WI 53711

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Neither support nor oppose			
I wish to speak			<input checked="" type="checkbox"/>
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? 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

(See Back)

REGISTRANT # 32

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Lawrence Schmock
Address 513 Edward St.
MADISON, WI 53711

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Neither support nor oppose			<input checked="" type="checkbox"/>
I wish to speak			<input checked="" type="checkbox"/>
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? 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

(See Back)

REGISTRANT # 33

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Lisa Davidson
Address 8317 Elderberry Rd.
Madison 53717

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	X	X	X
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:
American Cancer Society
8317 Elderberry Rd. Madison 53717

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 90

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

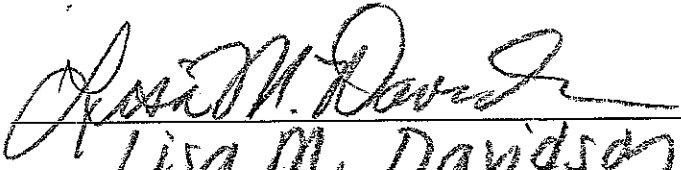
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 4/20/05

Signature 
Print Name Lisa M. Davidson

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Brian Brech
Address 2209 E. Washington #1
MADISON WI 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Neither support nor oppose			
I wish to speak			<input checked="" type="checkbox"/>
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? 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

(See Back)

REGISTRANT # 34

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Patrick Remington
Address 1214 Dartmouth Rd
MADISON WI 53705

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Neither support nor oppose			
I wish to speak	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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? 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 # 91

(See Back)

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Lynn HAKER
Address 1401 S. WHITNEY WAY
MADISON, WI 53711

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Neither support nor oppose			
I wish to speak	<input checked="" type="checkbox"/>		
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? 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

(See Back)

REGISTRANT # 40

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 9-20-05

Signature

Lynn Haker

Print Name

Lynn HAKER

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name PATRICIA TELVICK
Address 124 GEORGIANA CIR
MADISON, WI 53716

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak			X
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:
Buckeye Inn Inc. COMMISSION TO SAVE MADISON
4420 E. BUCKEYE RD.
MADISON, WI 53716

222-8344
Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 41

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Bary Poulson
Address 637 Charles Ln
Madison 53711

Please check the appropriate boxes:

	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 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:
Tobacco Free Zone Co.

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
------------	-----------

Name Rolf Lindgren
 Address 1805 Parmenter St. #205
Middleton, WI 53562

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Neither support nor oppose			
I wish to speak	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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:
Libertarian Party of Dane County
2005 Greenway Cross, #7 Madison, WI 53713
715-475-9104

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 42

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
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Name

Diana Kujawa

Address

2605 Mountcrest
Madison WI
53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Neither support nor oppose			
I wish to speak	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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? 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 # 96 (See Back)

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 9-20-05

Signature

Print Name


Danya Kravica

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Michael Caspersen
Address 3418 Home Ave.
Madison, WI

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak			X
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:
Sports Pub (608) 241-0147 Myself

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 43

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name PATRICIA GADOW
Address 3330 WESTVIEW LN
MADISON WI 53713

Please check the appropriate boxes:

	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 an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

REGISTRANT # 98

(See Back)

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 9-20-05

Signature 

Print Name Michele Wheeler

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name PATRICIA J. MILLER
Address 2457 UPHAM ST #2
MADISON WI 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support		<u>CLEAR BARS ONLY</u>	
Oppose	<u>X</u>	<u>X</u>	<u>X</u>
Neither support nor oppose			
I wish to speak			<u>X</u>
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? 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

(See Back)

REGISTRANT # 39

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Asron Doepfers
Address PO Box 1472
Arlington Heights, IL 60004

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	X	X	X
Neither support nor oppose			X
I wish to speak	X	X	
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:
Campaign for Tobacco-Free Kids
PO Box 1472
Arlington Hts, IL 60004

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No


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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 9/20/05

Signature 
Print Name Aaron Duggan

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name NICHOLAS T. SAGANSKI
Address 1036 E. GORHAM ST. #1
MADISON, WI 53703

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support		X	X
Oppose	X		
Neither support nor oppose			
I wish to speak			X
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? 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

(See Back)

REGISTRANT # 47

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name JOANNE STEINBERG
Address 427 FALCON CIR
MONONA WI 53718

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak			X
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:

MODERN SPECIALTY CO
4502 HELGESEN DR
MADISON WI 53718

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 52

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
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Name Dorothy Borchardt
 Address 1717 E Pka Lane

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<u>✓</u>
Oppose	<u>✓</u>	<u>✓</u>	
Neither support nor oppose			
I wish to speak			<u>✓</u>
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? 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

(See Back)

REGISTRANT # 53

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name JANE K SANDERSON
Address 4314 REMINGTON RD.
MADISON WI 53716

Please check the appropriate boxes:

	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 an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 59

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
------------	----

Name Travis McGuigan
 Address 4548 Winnequah Rd.
Monona WI 53716

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>		
Neither support nor oppose		<input checked="" type="checkbox"/>	
I wish to speak			<input checked="" type="checkbox"/>
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? 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

(See Back)

REGISTRANT # 60

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name RICHARD S. RUSSELL
Address 2572 KENDALL Av.
MADISON WI 53705-3736

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	X		
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? 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

(See Back)

REGISTRANT # 31

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name SCOTT TOOMEY
Address 5313 KUAMME LAWE
MADISON 53716

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Neither support nor oppose			
I wish to speak			<input checked="" type="checkbox"/>
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:
Coalition to Save Madison Jobs
BARTENDER
South Bay Lounge

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 7

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Nate Altfeather
Address 18 S. Orchard St.
Madison, WI 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	X	X	X
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? 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

(See Back)

REGISTRANT # 26

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Darlene Murphy
Address 4709 Splint Rd.
Madison, WI 53718

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	X	X	X
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? 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

(See Back)

REGISTRANT # 21

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name ROBIN GOLDBERG
 Address 5612 TONYAWATNA
MADISON, WI 53716

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak			X
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:

DREAM LANES
13 ATLAS CT. MADISON, WI 53714

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 4

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No

2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

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

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Kyle Pfister
Address 1216 Vilas Ave
Madison WI 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	X	X	X
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? 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

(See Back)

REGISTRANT # 20

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No

2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

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

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
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Name Walter Southwood
 Address 4025 Mineral Point Rd
Madison 53709

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			X
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? 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

(See Back)

REGISTRANT # 14

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Joelle Parks
Address 601 N. Henry
Madison, WI 53703

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	X	X	X
Neither support nor oppose			X
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 next question.)

Name, address and telephone number of each person or organization you are representing:
Dane County Tobacco Free Coalition

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 3

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 9/20/05

Signature

Joelle Parks

Print Name

Joelle Parks

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Cathy Swanson-Hayes
Address 3915 Yuma Drive
Madison, WI 53711

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	X	X	X
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? 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

(See Back)

REGISTRANT # 56

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No

2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

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

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Danall Link
Address 615 Lakeshore Dr
Beaver Dam, WI

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Neither support nor oppose			
I wish to speak	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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? 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

(See Back)

REGISTRANT # 18

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Jacqueline A KAVANAUGH
Address 1217 Carpenter St
Madison WI 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak			X
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? 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

(See Back)

REGISTRANT # 74

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date

9.20.05

Signature

Jacqueline A Kavanagh

Print Name

Jacqueline A KAVANAUGH

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name LUKE WITKOWSKI
Address 9117 WATERSIDE #207
MIDDLETON, WI 53562

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Neither support nor oppose			
I wish to speak			<input checked="" type="checkbox"/>
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? 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 # 95 (See Back)

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No

2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

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

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
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Name Erin White
 Address 201 Langdon St Apt 205
Madison WI 53708

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak			X
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? 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

(See Back)

REGISTRANT # 29

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No

2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

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

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Jim Bandt
Address 201 Ski Ct
Madison

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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 next question.)

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

Are you being paid for your representation? Yes No
Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 22

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

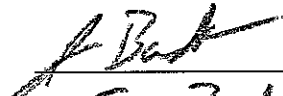
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 9-20-05

Signature 
Print Name Jim Baska

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Caroucel Andrea Bayrd
Address 1715 Hoyt St
Madison WI 53726

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Neither support nor oppose			
I wish to speak	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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:
Smoke Free Wisconsin
401 Wisconsin Ave
Madison WI 53703

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 76

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

John Greyfox Jr.
SDA

Date: September 20, 2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
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Name Tara Gangstad
 Address 1311 Morrison St. #1
Madison, WI 53703

Please check the appropriate boxes:

	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 an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 27

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name PAUL E. GRINDROD
Address 221 ESCH LANE
MADISON, WI 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support		X	X
Oppose	X		
Neither support nor oppose			
I wish to speak			X
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? 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

(See Back)

REGISTRANT # 24

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 9/20/05

Signature Paul E. Grindrod
Print Name PAUL E. GRINDROD

Date: September 20, 2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Roger Westmont
 Address 4502 Helgesen Dr.
401 Laurel Lane
Madison, WI 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak			X
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:
Modern Specialty Co.
4502 Helgesen Drive
Madison WI 53718.

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 23

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Christine Reilly
Address 1506 Madison St
Madison, WI 53711

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	X	X	X
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? 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

(See Back)

REGISTRANT # 57

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No

2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

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

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Maureen Bonsalaki
Address 7710 Greyfox Trail
Madison WI 53717

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	X	X	X
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:

Smoke Free Wisconsin
401 Wisconsin Ave
Madison WI 53703

Are you being paid for your representation?

Yes No

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

Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 55

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 9/20/05

Signature Barbara J Mercer
Print Name Barbara J MERCER

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Rodney STEVENSON
Address 1030 VILAS AVE
MADISON 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			X
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? 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

(See Back)

REGISTRANT # 51

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name NICHOLAS ZABEL
Address 8530 GREENWAY BLVD #314
MIDDLETON, WI

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Neither support nor oppose			
I wish to speak			<input checked="" type="checkbox"/>
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? 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

(See Back)

REGISTRANT # 15

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No


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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 9/20/05

Signature 

Print Name NICHOLAS ZABE

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Michael Fipre, MD
Address 1107 Rutledge St.
Madison, WI
53703

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			X
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? 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

(See Back)

REGISTRANT # 50

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Pete Beeber
Address 3230 Thorp St.
Madison, WI 53714

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Neither support nor oppose			
I wish to speak	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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? 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

(See Back)

REGISTRANT # 13

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
------------	----

Name Dawn Berney
 Address 2201 West Lawn Ave
Madison WI 53711

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Neither support nor oppose			
I wish to speak	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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? 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 # 44 (See Back)

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

- 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No

2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

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

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Mary Tedeschi
Address 1725 Eika Ln
Madison WI 53704

Please check the appropriate boxes:

	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 an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 11

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No

2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

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

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name CHERIE SLOWIKER
Address 777 S. MILL ST
MADISON WI

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	X	X	X
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? 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

(See Back)

REGISTRANT # 38

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name

Atan Tedeschi

Address

1725 Elka Lane
Madison 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak			X
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? 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

(See Back)

REGISTRANT # 10

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No

2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

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

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. <u>29A, B+C</u>

Name Jean Mac Cebbin
 Address 3530 Heather Crest
MADISON WI 53705

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	X	X	X
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? 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

(See Back)

REGISTRANT # 37

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Rita Klinzing
Address 714 Interlake Dr.
Monona WI 53716

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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 next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 2

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Gary Poulson
Address 637 Charles Ln
Madison

Please check the appropriate boxes:

	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 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:
Tobacco Free Dane County
1202 Northport Ave
MADISON, WI 53704

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 36

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Christine Webber
Address 210 N Hamilton St
Madison, WI 53702

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			X
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:
American Cancer Society - Colleges Against Cancer Chapter

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

REGISTRANT # 35

(See Back)

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 10-20-05

Signature Christine Wobler

Print Name CHRISTINE WOBLER

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name NANCY WILDA
Address 107 KURT DR
MADISON WI 53714

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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 next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 8

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 9/30/05

Signature Nancy L Wild

Print Name NANCY L WILD

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name ELLY KLINZING
Address 4516 SHORE ACRES Rd.
Monona, Wi. 5376

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
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 next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 3

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Sheila Cohen
Address 114 Ozark Trl
Madison, WI 53708

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	<u>Opposed</u>	<u>Opposed</u>	<u>opposed to</u>
Neither support nor oppose			<u>repealing</u>
I wish to speak			<u>Ban.</u>
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? 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

(See Back)

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name TERESA HOTTENROTH
Address 4321 WESTPORT ROAD
MADISON 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support	<input checked="" type="checkbox"/>		
Oppose	<input checked="" type="checkbox"/>		
Neither support nor oppose			
I wish to speak	<input checked="" type="checkbox"/>		
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?

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

(See Back)

REGISTRANT # 71

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Jennifer Voichick
Address 145 Ohio Ave
Madison, WI 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	X		X
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 next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
------------	----

Name Amy Westra
 Address 818 Bewick Dr.
Madison WI 53714

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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 next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date _____

Signature _____

Print Name _____

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
------------	----

Name Allen Baker
 Address 247 Harbour Town Dr. #18
Madison, WI 53717

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	X	X	
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 next question.)

Name, address and telephone number of each person or organization you are representing:
Sports Pub 241-0147 And all madison
bars

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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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 9/20/05

Signature 

Print Name Allen Baker

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
------------	-----------

Name SATIYA FLORES - CONWAY
 Address 1918 E. MAIN ST #1
MADISON WI 53704

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			

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No
 Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Jim Loethen
Address 317 State St #2
Madison WI 53703
Irish Pub / Love Lounge

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
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 next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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(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 
Print Name JAMES LOETHEN

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Jessica Neitzel
Address 1910 E. Washington Ave.
Madison, WI 53704

Please check the appropriate boxes:

LAVA LOUNGE

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
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 next question.)

Name, address and telephone number of each person or organization you are representing:
LAVA Lounge (608)251-3161
461 W. Gilman
Madison, WI

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No


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(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 
Print Name Jessica Metzger

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name

Jenny Bardeen

Address

2414 Upham St.
Madison, WI 53704

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			

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

Are you being paid for your representation? Yes No

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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Donna McCarter
 Address 340 West Wilson St #1
Madison, WI 53703

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support	X		
Oppose	X	X	X
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 next question.)

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

~~_____~~
~~_____~~
~~_____~~
~~_____~~

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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(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 Donna McArdle
Print Name Donna McArdle

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Eileen Thompson
Address 311 Campbell St
Madison WI 53711

Please check the appropriate boxes:

	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 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:
① Friends Preschool - non-profit at home mom group.

② Self - Former Public Health Nurse and Athlete. Currently have asthma and a child with Asthma I would enjoy going to bars again to see some favorite musician in a smoke-free environment.
Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____

Date: September 20, 2005

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Joan BRAUNE
Address 702 Schiller Ct.
Madison, WI 53704

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			

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

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Date 9/20/05

Signature Joan Braune
Print Name Joan BRAUNE

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name NICK ANDRIACCHI
Address 109 N Franklin St.
Madison, WI 53703

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			

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

<p>Agenda No. 29</p>

Name Kathleen Ann Albedyk
 Address 2338 Moland St #A
Madison, WI 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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 next question.)

Name, address and telephone number of each person or organization you are representing:
I live in Kane Palm's area. and we
have had my house cut because of the
issue.

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

Date Sept 20, 2005 Signature Kathleen A. Albedyffe
 Print Name KATHLEEN A. ALBEDYFFE

Date: September 20, 2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
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Name CAROL WELDEZ

Address 1237 E. DAYTON ST
MADISON 53703

Please check the appropriate boxes:

	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 an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Kalleen Mortensen
 Address 425 Clemmons Ave
Madison WI 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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 next question.)

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

Are you being paid for your representation? Yes No

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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Peter Giese
 Address 615 W. MAIN ST #408
MADISON, WI 53703

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	X		X
Neither support nor oppose		X	
I wish to speak			
Available for information only			

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

Are you being paid for your representation? Yes No

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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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

Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
------------	----

Name Chris, Jaimie + Isabella
 Address Hollenback
1126 Debra Lane
Madison, WI 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
<u>Oppose</u>	<i>[Handwritten scribble]</i>		
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 next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit: 4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

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

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Date 9-20-05

Signature



Print Name

Christopher Hollenback

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
------------	----

Name Judy Skog
 Address 626 Orchard Dr.
Madison, WI 53711

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	X		X
Neither support nor oppose		X	
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 next question.)

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

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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(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.

PRINT NAME CLEARLY

Agenda No. 29

Name Roxie Buehly
Address 3157 MURFIELD RD
MADISON, WI 53719

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose	X	X	
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 next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

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- 2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date Sept 20 '105

Signature Roxie L BURGHEY
Print Name ROXIE L BURGHEY

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

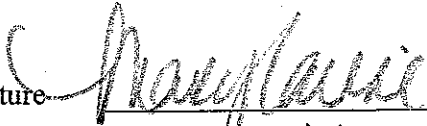
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 9/20/05

Signature 
Print Name Mary Louise

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Alan Corliss
Address Madison, WI

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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 next question.)

Name, address and telephone number of each person or organization you are representing:
WISA Town League

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 7/20/08

Signature 
Print Name David L. G.

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
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Name Ryan Sheahan
 Address 226 RAWWOOD RD
MADISON, WI 53717

Please check the appropriate boxes:

	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 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:
TOBACCO-FREE DANE COUNTY COALITION
1702 NORTHPORT DR.
MADISON, WI 53704

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

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

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

Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name MIKE MEIER
Address 520 S. PARK ST
MAD WI. 53715

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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 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:
WIS TOWN CLERK

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

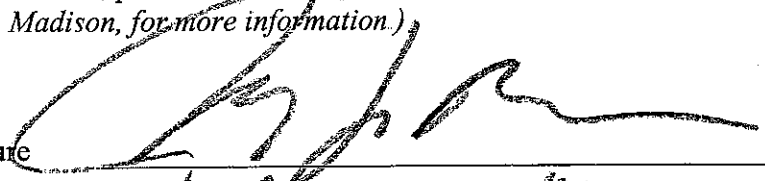
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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 9/20/05

Signature 
Print Name Michael Moran

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name

Eric Hart

Address

3261 Milwaukee St
Madison WI 53714

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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 next question.)

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

Wisconsin Tavern League

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No


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

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

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(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 
Print Name Eric Hart

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name

NORMAN STOCKWELL

Address

401 Elmside Blvd
Madison, WI 53704

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			

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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(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.

PRINT NAME CLEARLY

Agenda No. 29

Name STEPHEN JOSHEFF
Address 114 S. MARQUETTE
MADISON, WI.

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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 next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit: 4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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(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 9-20-2005

Signature



Print Name STEPHEN DOSHEFF

Print Name

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

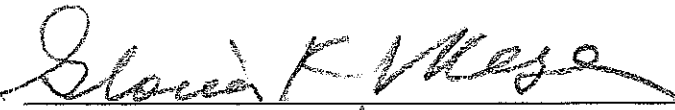
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Date 9/20/05

Signature 
Print Name Gloria K. Meyer

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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(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.

PRINT NAME CLEARLY

Agenda No. 29

Name Bonnie Torre
Address 3234 Milwaukee St
Madison, WI 53714

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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 next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

Date 9-20-05

Signature Bonnie Torre
Print Name Bonnie Torre

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Thomas REED
Address 4001 Hiawatha Dr.
Madison 53711

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			

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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(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.

PRINT NAME CLEARLY

Agenda No. 29

Name MARTIN A NELSON
 Address 4618 Declaration Ln
MADISON WI 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>		
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 next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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

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

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Date 9-20-5

Signature [Handwritten Signature]
Print Name MARTIN A MUELSON

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date 9/20/05

Signature Nancy T. Michaud

Print Name Nancy T. Michaud

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name NANCY SHARKEY
Address 205 SE ALBANS AVE
MADISON WI 53714

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>		
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 next question.)

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name JIM SHARKEY
Address 205 SAINT ALBANS
MDSN.
53714-2705

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support		XXX	XX
Oppose	XX		
Neither support nor oppose			
I wish to speak			
Available for information only			

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Speaking Limit:4 minutes

(See Back)

J Sharkey

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Robert J. HANSEN
Address 4279 SEVERSON DR
MADISON

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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 next question.)

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

Are you being paid for your representation? Yes No

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Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

PRINT NAME CLEARLY

<p>Agenda No. 29</p>

Name GENE BENNETT
 Address 2009 FREEPORT RD
MAD WI 53711

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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 next question.)

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

BENNETTS MEC
2009 FREEPORT RD
MAD 608 219 6444

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

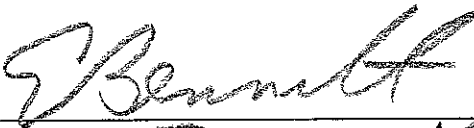
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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 9/20

Signature 
Print Name E BENNETT