City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addı | | HEATL AND | |
|---|---------------------|-----------------------------|-----------------------------|--|
| Please check the appropriate boxes: | | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban | |
| Support | | | | |
| Oppose | A | | | |
| Neither support nor oppose | King-gap | | | |
| I wish to speak Available for information only | | | | |
| Name, address and telephone number of | each person or o | rganization you are represe | enting: | |
| Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes 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 # [0] | (See | Back) | | |

| | † | | |
|---|--|--|--|
| | Ţ | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Pane Ave | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Antare | | |
| | | | |
| | ł. | | |
| | | | |
| | 4 | | |
| | 1 | | |
| | ė. | | |
| | and the second | | |
| | a deby. | | |
| | | | |
| | 1 | | |
| | | | |
| | BANAN | | |
| | | | |
| | - Paragraphic Para | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Ì | | | |
| | | | |
| 1 | | | |
| ļ | | | |
| | | | |
| J | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | elected official who is appearing solely on behalf of your office or for your municipality or other loody? |
|-------------------|-----------------|--|
| | | ered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| If you that: | are be | sing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No |
| | 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No |
| | 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? |
| (If you Office | answe at Roo | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) |
| Date _ | 1.38000 | Signature |
| | | Print Name |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addı | | en L Cros+ Way S 3716 |
|--|---|---|--|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | <u> </u> |
| Oppose | | <u> </u> | |
| Neither support nor oppose | <u> </u> | | |
| I wish to speak | yes_ | | |
| Available for information only | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | of each person or o | | enting: |
| Are you being paid for your representa | tion? | | ☐ Yes |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | r paid duties for the ed not complete th | is person or organization? e rest of this form. If you a | Yes No No nswered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT # 75 | (See | Back) | |

| colon notational responses to the special colonies. | | | |
|--|--|--|--|
| Abana Natara | | | |
| evonopilma nepa medična niče počembjeno i post | | | |
| Proposition of the Assault Report For | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Are you an government | | opearing solely | on behalf of your office or | for your muni | cipality or other 区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 b that: | eing paid for your represen | ntation, or if you | ar appearance is part of other | r paid duties, do | you understand | | |
| 1. | Before you engage in lowith the City Clerk? | obbying as a lob | byist, you or your principal n | must file an auth | orization No | | |
| 2 | Your principal is not p with the City Clerk? | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | | |
| 3. | period (calendar quarte | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | |
| (If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) | | | | | | | |
| Date 9-20-05 Signature Swan Gibson Print Name Lucy Gibson | | | | | | | |

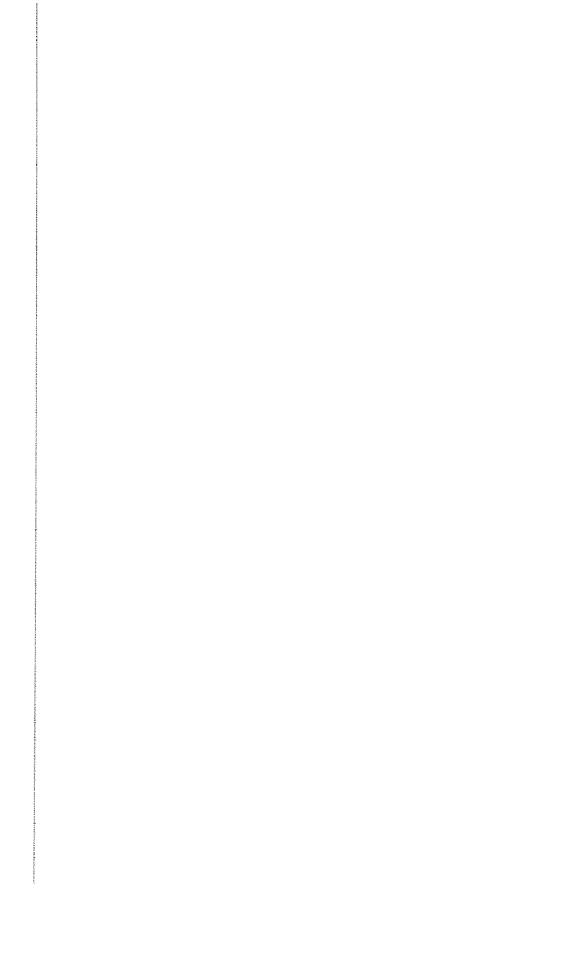
| or other | |
|-----------|--|
| arot oi | |
| iust sign | |
| derstand | |
| ı | |
| 1 | |
| l | |
| ī | |
| <u>;</u> | |
| : Clerk's | |
| Cicin | . |
| | |
| | |
| | · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | : |
| | |
| | age as a constant of the const |
| | |
| | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Name Addr | | Ryan d Dr 101 53597 | |
|--|---------------------|-----------------------------|--------------------------------|--|
| Please check the appropriate boxes: | | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban | |
| Support | | | | |
| Oppose | | X | | |
| Neither support nor oppose | | | | |
| I wish to speak | X | <u> </u> | | |
| Available for information only | | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | | | | |
| Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) | | | | |
| Speaking Limit: | ***** | 4 minutes | | |
| REGISTRANT # 67 | (See | Back) | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | | |
|----------|---|--|--|--|--|--|--|
| | | ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question) | | | | | |
| If you a | are bein | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | |
| | 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | | | | | |
| | 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | | |
| | 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | |
| | | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) | | | | | |
| Date _ | | Signature | | | | | |
| | | Print Name | | | | | |



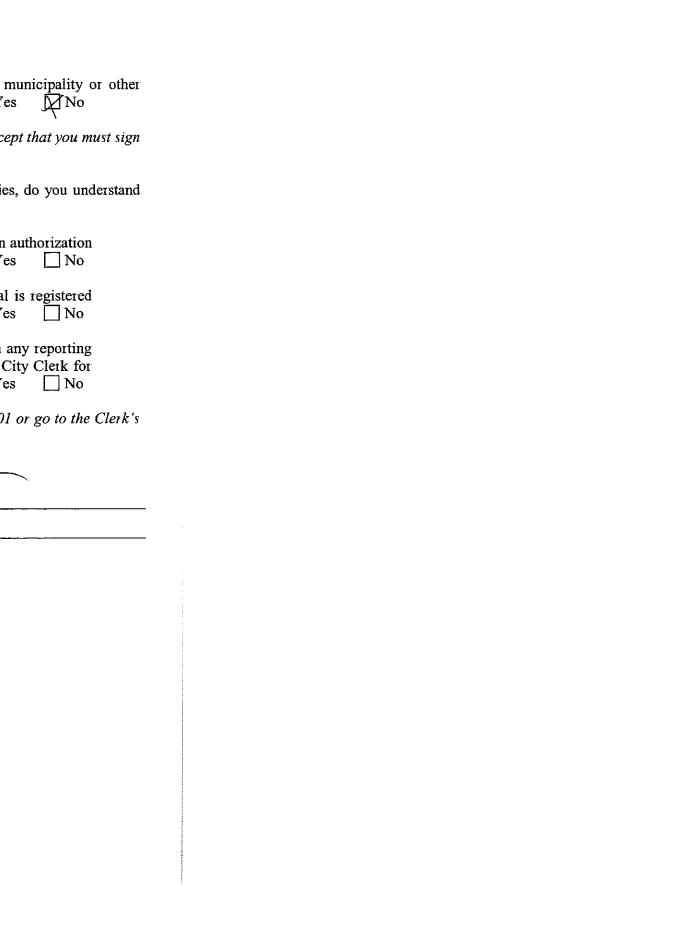
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | PRINT NA | ME CLEARLY |
|--|--|---|--|
| Agenda No. 29 | Nam Addr | | Doeppers 1472 / Heights, IL 60009 |
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose | <u> </u> | | |
| Neither support nor oppose | | | \longrightarrow |
| I wish to speak | | \ | |
| Available for information only | <u> </u> | | |
| At this meeting are you representing an of (If you answered "no," STOP; you need question.) Name, address and telephone number of | l not complete the | e rest of this form. If you u | mswerea yes, go on to me new |
| Cambelan for Tol | Secon Forson or gr | es kist | |
| PO 124 1477 | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | |
| Alindon HAITI | 6000 | <i>'f</i> | |
| Are you being paid for your representati | on? | , | ✓ Yes □ No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question) | paid duties for the land complete the | is person or organization? e rest of this form. If you o | Yes No Inswered "yes," go on to the nex |
| Speaking Limit: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | (| • | |

| Ź | opologicka mente forozoni mente del | | |
|-------------|---|--|--|
| | | | |
| t | ı | | |
| - - - | | | |
| t | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| • | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | | |
|---|--|--|--|--|--|--|--|
| | red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.) | | | | | | |
| If you are beithat: | ing paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | | |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | | | |
| 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | | |
| (If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) | | | | | | | |
| Date <u></u> | Signature Print Name | | | | | | |

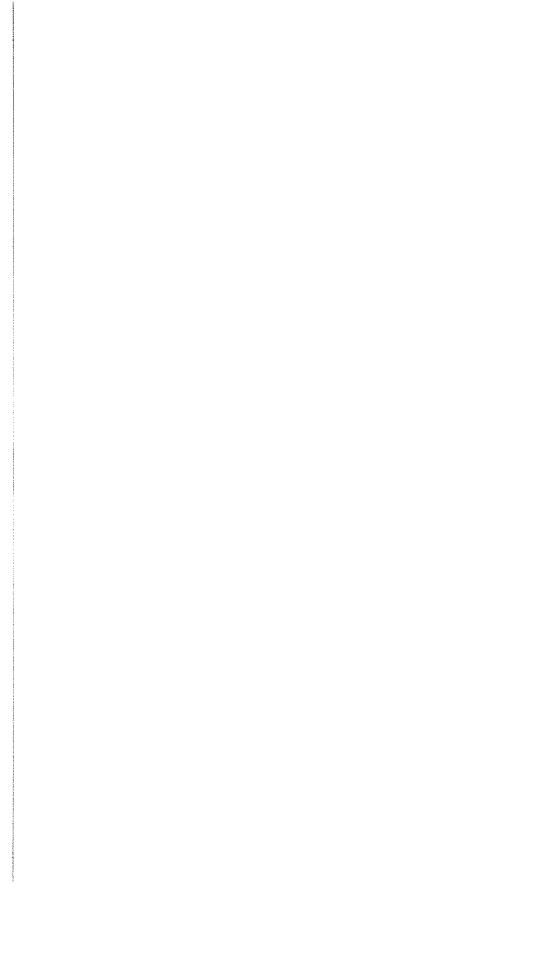


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | - | D T | A a La de grounds |
|--|--|---|---|
| | Nam | e TATRICIA J. | MILLER |
| Agenda No. 29 | Add | ress 2457 4PH | tm st #2 |
| _ | | MADISON W | H 53704 |
| | | | |
| Please check the appropriate boxes: | | | |
| rease officer are appropriate | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | CIGAR BARS ONLY | |
| Oppose | X | | X |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| Name, address and telephone number | of each person or o | rganization you are represe | nting: |
| | | | |
| | | | |
| Are you being paid for your representa | ition? | | ☐ Yes |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | er paid duties for the eed not complete th | is person or organization? he rest of this form. If you as | ☐ Yes ☑No nswered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # 39 | _ | | |

| _ | an elected official wental body? | ho is appearing solely on behalf of your office of | or for your municipality or other Yes No |
|---------------------------|---|--|--|
| | | uestion, STOP. You need not complete the rest of the to the question, go on to the next question) | nis form, except that you must sign |
| If you are that: | e being paid for your | representation, or if your appearance is part of other | er paid duties, do you understand |
| 1. | Before you enga with the City Cl | age in lobbying as a lobbyist, you or your principal erk? | must file an authorization Yes No |
| 2. | Your principal with the City Cl | is not permitted to authorize you to lobby unless erk? | the principal is registered Yes No |
| 3. | period (calendar | I spends or will owe more than \$500 for lobbying quarter), the principal must file expense statemen uarters of the calendar year? | |
| (If you an Office at I | swered "no" to any o Room 103 of the City- | of the last three questions, please call the City Clerk County Building, Madison, for more information) | at 266-4601 or go to the Clerk's |
| | | | |
| Date | | Signature | de representation |
| Date | | Signature Print Name | |
| Date | | | |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addr | | JESTUREW LN 1115 53713 | | |
|---|----------------------|-----------------------------|---------------------------------|--|--|
| Please check the appropriate boxes: | J | <u> Paalson</u> | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban | | |
| Support Oppose | | | | | |
| Neither support nor oppose I wish to speak Available for information only | \[\sum_{-1}^{-1} \] | <u></u> | | | |
| At this meeting are you representing an of (If you answered "no," STOP; you need question) | l not complete the | e rest of this form. If you | answerea yes, go on to the next | | |
| Name, address and telephone number of | each person or or | rganization you are repre | senting: | | |
| Are you being paid for your representation | on? | | ☐ Yes 🔻 No | | |
| Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) | | | | | |
| Speaking Limit: | •••••• | 4 minutes | | | |
| REGISTRANT # 98 | (See | Back) | | | |

| a tradicial de le primer de manum de carde la Relate de Remand para de la del del de la del del de la del del de la del | | | | |
|---|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

| other | | | |
|--|--|--|--|
| sign | | | |
| stand | 100 mm m m m m m m m m m m m m m m m m m | | |
| , wild | ************************************** | | |
| | The state of the s | | |
| | The second divergences of the second diverge | | |
| | reducation representations | | |
| , | Policy production of the contractions | | |
| erk's | Paramatan Nama | | |
| | d-A-P | | |
| | A Pathiana a a magazina a a magazina a a magazina a a magazina a magazina a magazina a magazina a magazina a m | | |
| | Acceptance Description | | |
| | | | |
| | inopologica se a constanta de la constanta de | | |
| | | | |
| | | | |
| To the state of th | | | |
| | | | |
| The second secon | | | |
| kidenaliossi irespater | | | |
| distinctions in | | | |
| | | | |
| | | | |

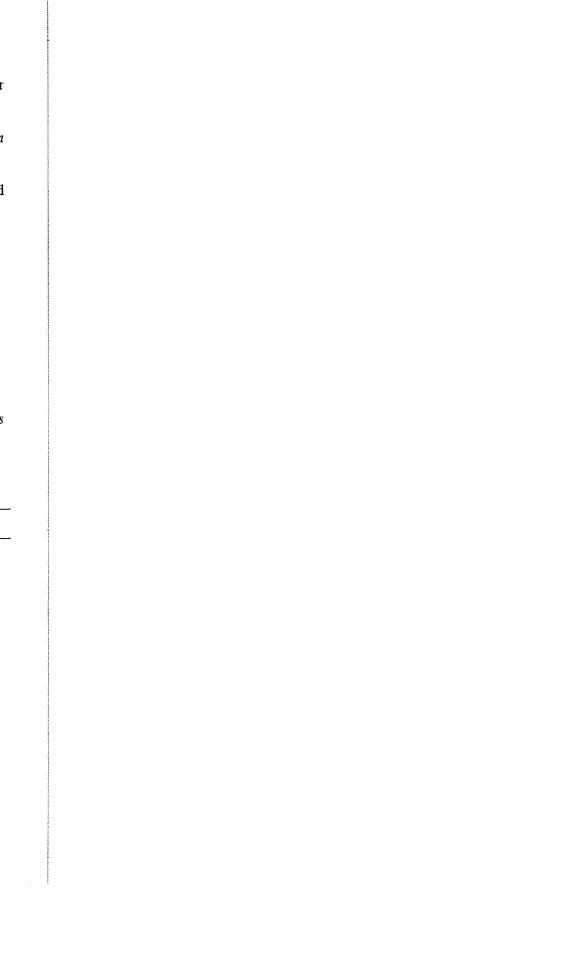
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addr | | Poulson Charles Ln sn 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 | V | | | | |
| Available for information only | | | | | |
| At this meeting are you representing an (If you answered "no," STOP; you need question.) Name, address and telephone number of page CCo (vee | each person or o | e rest of this form. If you a | enting: | | |
| Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) | | | | | |
| Speaking Limit: | Speaking Limit:4 minutes | | | | |
| | (See | Back) | | | |
| REGISTRANT # | | | | | |

| | and the second s | | |
|-------------|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | , | | |
| | | | |
| | | | |
| \ | | | |
| 11_ | | | |
| | | | |
| | | | |
| | | | |
| n | | | |
| <u></u> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| e next | | | |
| | | | |
| | | | |
| | | | |
| <u> </u> | | | |
| <u> </u> | | | |
| | | | |
| | | | |
| | | | |
| ie next | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ** | | | |
| | | | |
| | | | |
| | | | |

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

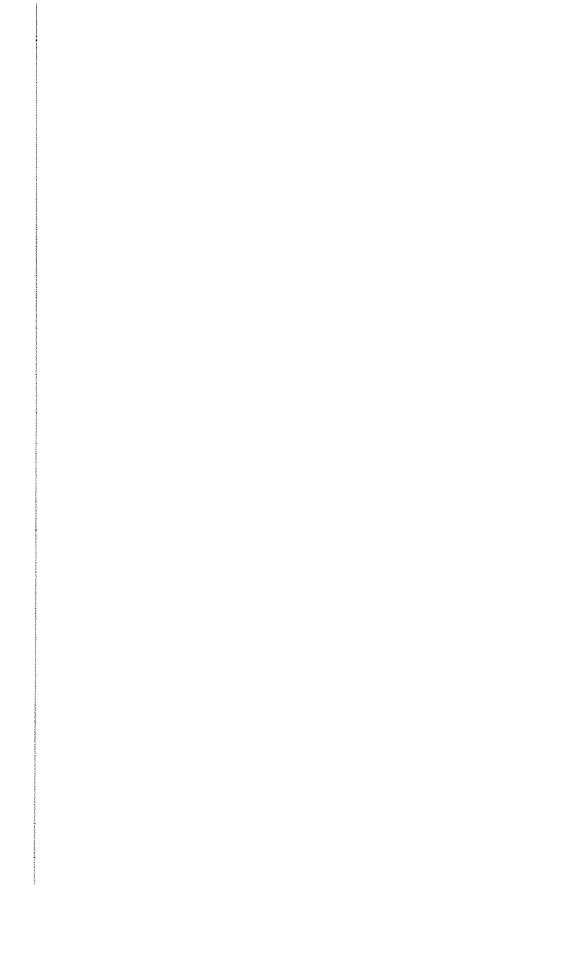


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY Name 29 Address Agenda No. Please check the appropriate boxes: 01985 01881 01880 Repealing smoking ban Hardship Exemption Referendum Support >< >< Oppose Neither support nor oppose \times I wish to speak Available for information only At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Speaking Limit:4 minutes (See Back) **REGISTRANT**

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

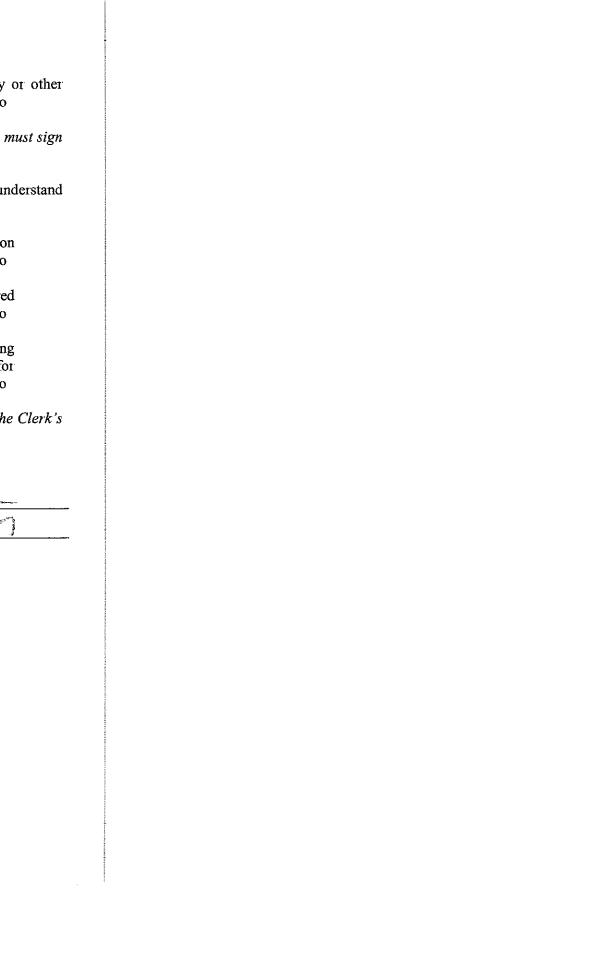


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Name Addr | ess <u>Lisa Dav</u> Madisa | idson Elderberry Rd n 53719 |
|--|---------------------------------------|--|---|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose Neither support nor oppose | | | |
| I wish to speak | 7 | X | X |
| Available for information only | 7 | | |
| At this meeting are you representing an of (If you answered "no," STOP; you need question.) Name, address and telephone number of AMOVICAM (AN OUT) | not complete the | e rest of this form. If you a | nswerea yes, go on to the next |
| Are you being paid for your representation | on? | | Yes No |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question) | paid duties for this not complete the | s person or organization? e rest of this form. If you a | Yes No No Inswered "yes," go on to the next |
| Speaking Limit: | ************** | 4 minutes | |
| REGISTRANT # 90 | (See | Back) | |

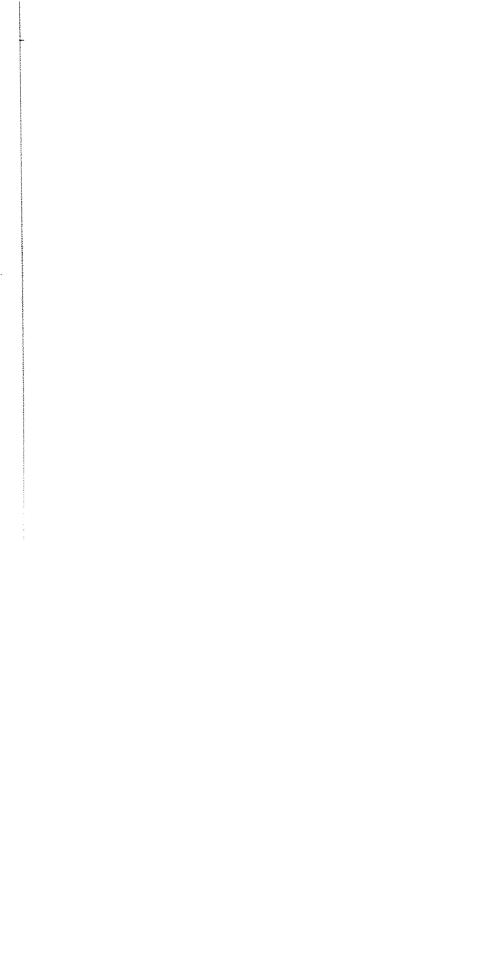
| Are you an egovernmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|--------------------------|--|
| | red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question) |
| If you are beinthat: | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? |
| | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) |
| Date | Signature Print Name Lisa M. Davidson |
| | |
| | |
| | |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addr | ess 4337 | 1 Neuman Wate Cin |
|---|--|---|--------------------------------|
| Please check the appropriate boxes: | | * | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | | | X |
| Neither support nor oppose | | | |
| I wish to speak | | | X |
| Available for information only | | | |
| | eed not complete the | person other than yourself: e rest of this form. If you as | nswered "yes," go on to the ne |
| question.) | eed not complete the | e rest of this form. If you a | nswerea yes, go on to the ne |
| Name, address and telephone number Are you being paid for your represent Are you appearing as part of your oth (If you answered "no," STOP; you n | of each person or of eation? | rest of this form. If you digramization you are represe | enting: Yes No |
| Name, address and telephone number Are you being paid for your represent Are you appearing as part of your oth (If you answered "no," STOP; you n question) | of each person or or attion? er paid duties for the eed not complete the | rest of this form. If you are represent is person or organization? e rest of this form. If you a | enting: Yes No |
| (If you answered "no," STOP; you not question.) Name, address and telephone number Are you being paid for your represent Are you appearing as part of your oth (If you answered "no," STOP; you not question.) Speaking Limit: | of each person or or attion? er paid duties for the eed not complete the | rest of this form. If you digramization you are represe | enting: Yes No |



| Are you | | ected official who is appearing solely on behalf of your office or for your municipality or other ody? Yes No |
|----------------|----------|--|
| | | ed "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question) |
| If you a that: | ire bein | g paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No |
| | 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No |
| | 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? |
| | | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addı | ress 1821 q Machie | AMRENS Rinledge St |
|--|---|---|--|
| 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 a 'If you answered "no," STOP; you ne | n organization or a sed not complete th | person other than yourself: e rest of this form If you a | yes \QNo nswered "yes," go on to the ne |
| At this meeting are you representing a (If you answered "no," STOP; you nequestion.) | eed not complete th | e rest of inis form. If you a | nswerea yes, go on to the ne |
| At this meeting are you representing a (If you answered "no," STOP; you need usestion.) Name, address and telephone number Are you being paid for your represents | of each person or o | e rest of inis form. If you a | nswerea yes, go on to the ne |
| At this meeting are you representing a (If you answered "no," STOP; you need to be a superior of the state of | of each person or o | rganization you are represe | enting: Yes No |
| At this meeting are you representing a (If you answered "no," STOP; you neguestion.) Name, address and telephone number Are you being paid for your representation. Are you appearing as part of your other (If you answered "no," STOP; you not the company of th | of each person or o ation? er paid duties for the ed not complete the | rganization you are represent is person or organization? The rest of this form. If you are | enting: Yes No |

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

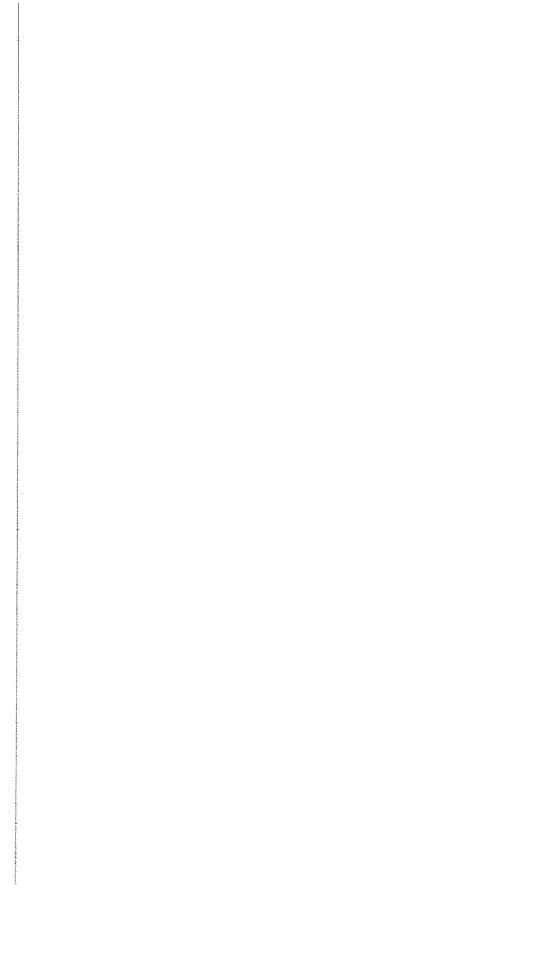


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | PRINT NA | AME CLEARLY |
|--|------------------------|---|--|
| | Nami | Louis | Loslovsky |
| Agenda No. 29 | Addr | ess 1/39 H | believe to |
| Agenda I to. | 7,00 | Mary miles | |
| | | - PACELAS | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| (If you answered "no," STOP; you ne question.) Name, address and telephone number | | | |
| | | | |
| Are you being paid for your represen | tation? | | Yes No |
| Are you appearing as part of your oth (If you answered "no," STOP; you requestion) | her naid duties for th | is person or organization? e rest of this form. If you | Yes No answered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT # 90 | | e Back) | |

| Are you an governmenta | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|------------------------|--|
| | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| If you are be that: | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? |
| 100 | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) |
| Date | Signature |
| | |
| | Print Name |
| | |
| | |
| | |
| | |
| | Print Name |



| | | | Date: September 20, 2005 |
|---|--|---|--|
| Registra | | Madison nt - Common Cou | ncil |
| You must i | register before the | Council considers your | item. |
| | | PRINT NA | AME CLEARLY |
| Agenda No. 29 | Nam Addr | ess 121 S. Han | Wilton St. 53703 |
| | | 14/0-4)x3- | <u> </u> |
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support Oppose Neither support nor oppose | × | X | X |
| I wish to speak Available for information only | * | | |
| At this meeting are you representing an (If you answered "no," STOP; you ne question.) | n organization or a seed not complete the | person other than yourself e rest of this form. If you o | The Yes No inswered "yes," go on to the next |
| Name, address and telephone number | of each person or or | ganization you are repres | enting: |
| | | | |
| Are you being paid for your representa | ution? | | ☐ Yes ☐ No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question) | er paid duties for this eed not complete the | s person or organization? e rest of this form. If you o | Yes No nswered "yes," go on to the next |
| Speaking Limit: | ************************* | 4 minutes | |
| 50 | (See | Back) | |
| REGISTRANT # 79 | - | | |
| | | | and the second second second |
| | | | |

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

| 1 | | | |
|--|---|--|--|
| TO THE PROPERTY OF THE PROPERT | | | |
| ľ | | | |
| | | | |
| ı | | | |
| A PART OF THE PART | | | |
| 1 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| : | | | |
| | | | |
| s | | | |
| | | | |
| | | | |
| - | : | | |
| _ | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e JOHN ME | DRLEDGE MD |
|--|----------------------|---|--|
| Agenda No. 29 | Add | ress | |
| | | | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | | | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| name, address and telephone number of the latest an | HORE / LILE | rganization you are represe viation ee + Wadisin | nting: |
| Are you being paid for your representa Are you appearing as part of your othe (If you answered "no," STOP; you ne question) | r paid duties for th | is person or organization? e rest of this form. If you a | ☐ Yes ☑ No ☐ Yes ☑ No nswered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # 68 | 1300 | | |

| | ou an el mental | lected official who is ap body? | pearing solely on | behalf of your | office or for | your municipality ☐ Yes ☑ N | |
|-------------------|--------------------|--|--|--------------------------------------|------------------------------|--|------------|
| | | ed "yes" to the question, u answered "no" to the q | | | | m, except that you | must sign |
| If you that: | are beir | ng paid for your represen | tation, or if your a | ppearance is par | t of other pa | id duties, do you u | nderstand |
| | 1. | Before you engage in lo with the City Clerk? | bbying as a lobbyi | st, you or your p | rincipal must | file an authorizati | |
| | 2., | Your principal is not powith the City Clerk? | ermitted to authori | ze you to lobby | unless the p | rincipal is register Yes No | |
| | 3 | If your principal spends period (calendar quarter the remaining quarters o |), the principal mu | st file expense s | obbying serv tatements wi | ices in any reporting the the City Clerk for the City Clerk for the City Clerk for the City Person in the Ci | or |
| (If you Office | answer at Room | ed "no" to any of the las 103 of the City-County E | t three questions, p Building, Madison, | olease call the C for more inform | ity Clerk at 2 ation) | 66-4601 or go to ti | he Clerk's |
| Date _ | (| 9/20/05 | Signature Print Name | 701 | 2 Monles | AGLEDGE MD | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | i, j | | |

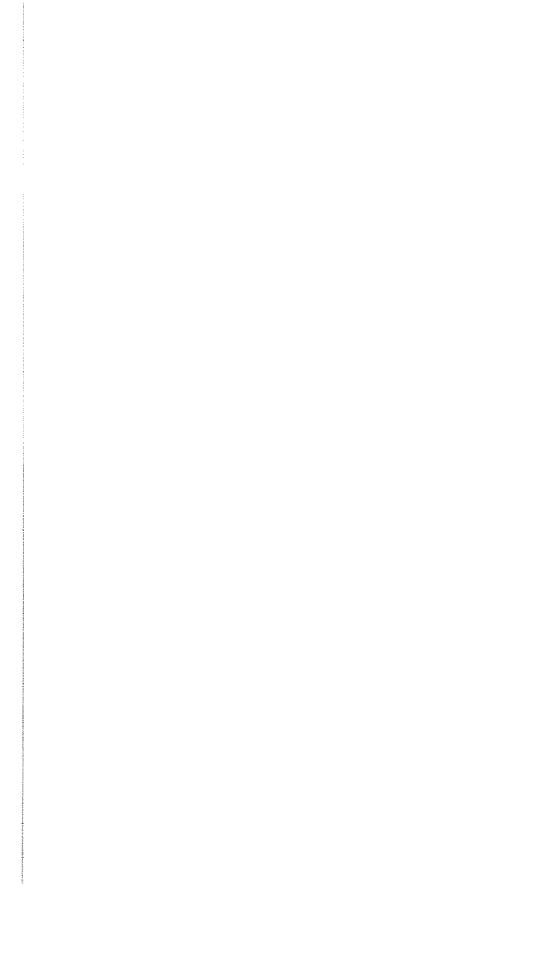
| - | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| And the second s | The state of the s | | |
| concentration (concentration) | Serial de la companya del companya del companya de la companya de | | |
| | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | ess 3530 Hear MARISON C | Cebbin |
|--|--|--|--|
| Agenda No. (29/1, BiC) | Addı | ess 3530 Hear | ther Crest |
| | | MADISM L | JI 53705 |
| | | 10111901 | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | × _ | X | <u> </u> |
| Neither support nor oppose | | | |
| I wish to speak | × | X | <u> </u> |
| Available for information only | | | |
| Name, address and telephone numbe | r of each person or o | rganization you are repres | enting: |
| | | | |
| Are you being paid for your represer | ntation? | | Yes No |
| Are you appearing as part of your of (If you answered "no," STOP; you question.) | her paid duties for th need not complete th | is person or organization? e rest of this form. If you | Yes No answered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT # 37 | (See | Back) | |

| | ou an e imental | lected official who is appearing solely on behalf of your office or for your municipality or other body? | | | | | |
|--------------|---|--|--|--|--|--|--|
| | If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign his form. If you answered "no" to the question, go on to the next question.) | | | | | | |
| If you that: | are bein | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | |
| | 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | | |
| | 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No | | | | | |
| | 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | |
| | | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) | | | | | |
| Date _ | | Signature | | | | | |
| | | Print Name | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

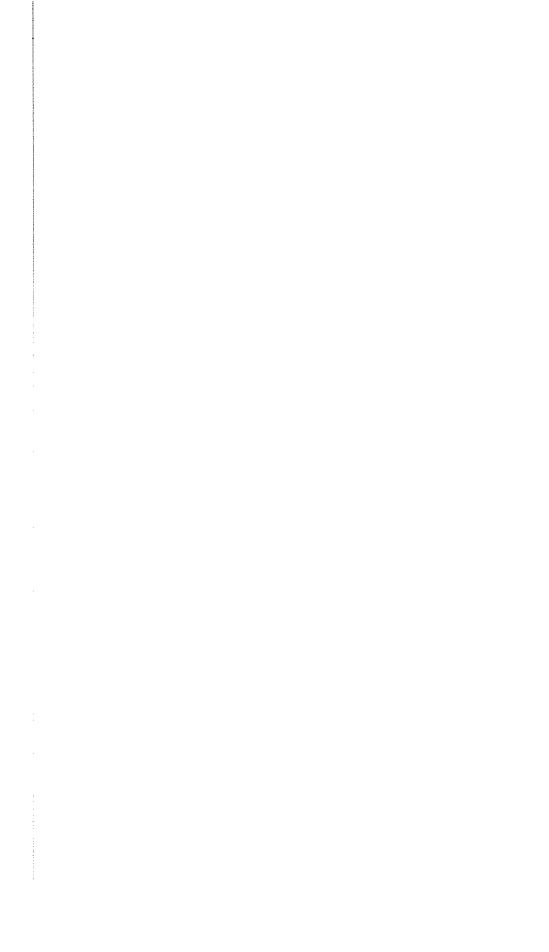


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Support Oppose Neither support nor oppose I wish to speak Available for information only At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to question.) Speaking Limit: (See Back) | | | INITIA | IME CEE/ITCI |
|--|---|---|--|---|
| Olasso Olasso Olasso Olasso Olasso Repealing smoking Support Oppose X X X X X X X X X | acanda No. 20 | Nam | e CHERIE | SLONIKER |
| Compose Support Comp | genda No. 29 | Addi | $\frac{1}{2}$ | 1117 |
| O1880 Referendum Hardship Exemption Repealing smoking | | | <u> </u> | The book of stores |
| Referendum Hardship Exemption Repealing smoking 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 Not you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to neestion.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes Not you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to neestion.) Speaking Limit: 4 minutes (See Back) | lease check the appropriate boxes: | | | |
| Referendum Hardship Exemption Repealing smoking 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 Not you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to restion.) Name, address and telephone number of each person or organization you are representing: Are you appearing as part of your other paid duties for this person or organization? Yes Not you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to you you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to you you you you need not complete the rest of this form. If you answered "yes," go on to you you you you you you need not complete the rest of this form. If you answered "yes," go on to you you you you you you you you need not complete the rest of this form. If you answered "yes," go on to you you you you you you you you need not complete the rest of this form. If you answered "yes," go on to you you you you you you you you you yo | | 01880 | 01881 | 01985 |
| 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 fly you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to neestion.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Are you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to neestion.) Speaking Limit: (See Back) | | | Hardship Exemption | Repealing smoking ban |
| Oppose Neither support nor oppose I wish to speak Available for information only It this meeting are you representing an organization or a person other than yourself: If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to uestion.) It ame, address and telephone number of each person or organization you are representing: The you being paid for your representation? The you appearing as part of your other paid duties for this person or organization? The you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to uestion.) Speaking Limit: (See Back) | Support | | | |
| I wish to speak Available for information only At this meeting are you representing an organization or a person other than yourself: If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to usestion.) Itame, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Are you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to use the story.) Speaking Limit: (See Back) | Oppose | X | X | |
| Available for information only At this meeting are you representing an organization or a person other than yourself: If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to uestion.) Hame, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to neestion.) Speaking Limit: (See Back) | | | | |
| At this meeting are you representing an organization or a person other than yourself: If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to uestion.) Itame, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to neestion.) Speaking Limit: (See Back) | | <u> </u> | X | X |
| If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to uestion.) Hame, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to neestion.) Speaking Limit: 4 minutes (See Back) | | | a a | · Flya Ma |
| Are you appearing as part of your other paid duties for this person or organization? Are you appearing as part of your other paid duties for this person or organization? Are you appearing as part of your other paid duties for this person or organization? Are you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to question.) Speaking Limit: 4 minutes (See Back) | At this meeting are you representing a | n organization or a | person other than yourself | i les <u>L</u> ino |
| Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to question.) Speaking Limit: 4 minutes (See Back) | If you answered "no," STOP; you ne | ed not complete the | e rest of this form. If you o | inswerea yes, go on io ine nex |
| Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to mestion.) Speaking Limit: 4 minutes (See Back) | uestion) | | | |
| Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to question.) Speaking Limit: 4 minutes (See Back) | James address and telephone number | of each person or o | rganization you are repres | enting: |
| Are you appearing as part of your other paid duties for this person or organization? If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to question.) Speaking Limit: | tame, address and telephone nameer | | | |
| Are you appearing as part of your other paid duties for this person or organization? Yes \(\text{No.} \) If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to question.) Speaking Limit: | | | | |
| Are you appearing as part of your other paid duties for this person or organization? Yes \(\sum{\final}\) Yes \(\sum{\final}\) You answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to uestion.) Speaking Limit: | are you being paid for your representa | ation? | | Yes No |
| If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to nuestion.) Speaking Limit:4 minutes (See Back) | | | | |
| Speaking Limit:4 minutes (See Back) | If you answered "no," STOP; you ne | er paid duties for the eed not complete the | is person or organization? e rest of this form. If you o | I Yes LANO answered "yes," go on to the nex |
| (See Back) | | | 4 minutes | |
| | Speaking Limit: | | T HIMEUUU | |
| DECISTRANT # 38 | | (See | Back) | |
| MUGIDITALIT | REGISTRANT # 38 | _ | | |

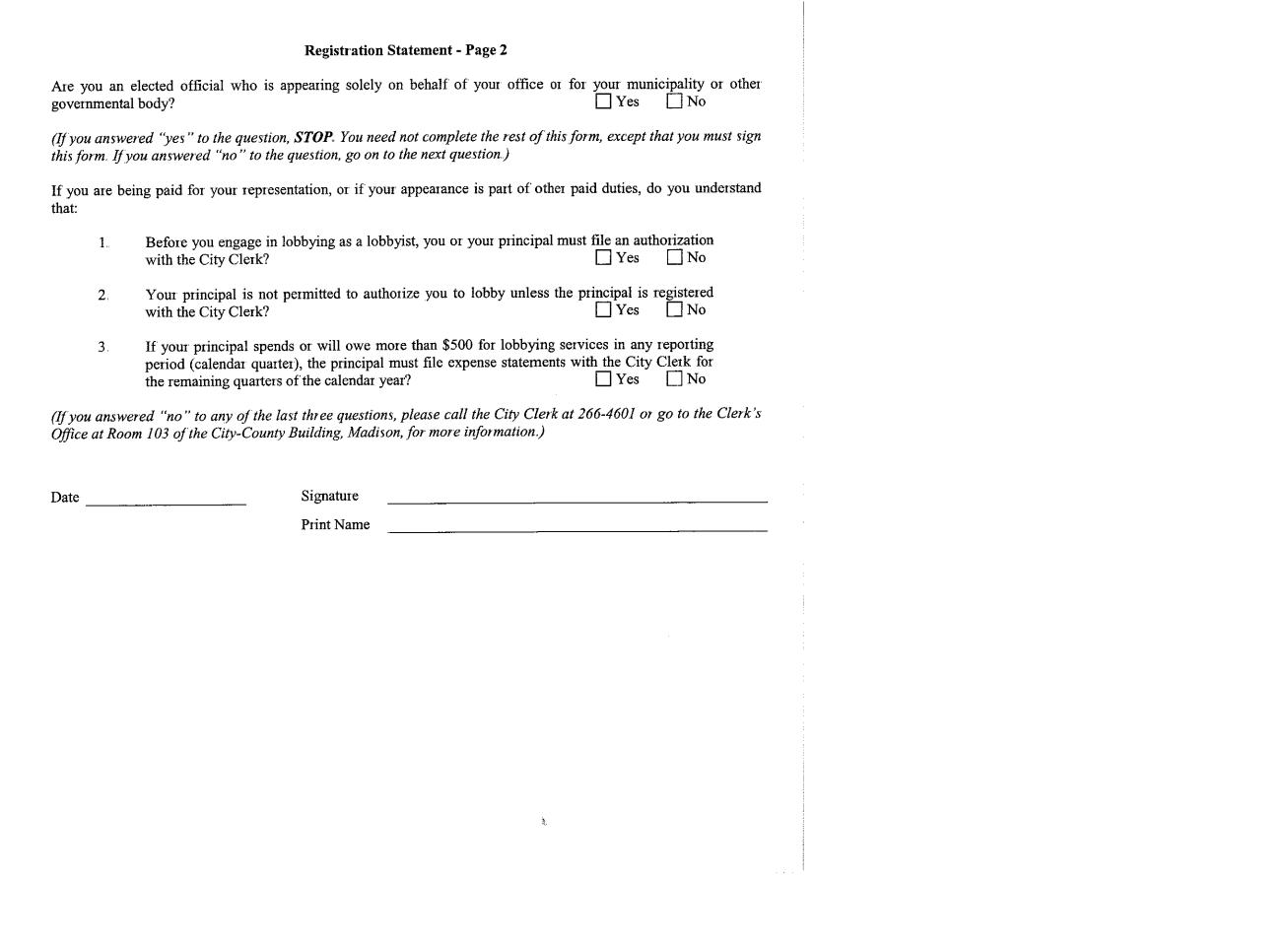
| Are you an egovernmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|--------------------------|--|
| · D ., | red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.) |
| If you are beithat: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? |
| 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? |
| | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | | Name Dawn Berney Address 2201 West Counfire Modison W153711 | | | |
|--|--|--|---|--|--|
| Please check the appropriate boxes: | | | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban | | |
| Support | | | | | |
| Oppose | X | X | X | | |
| Neither support nor oppose | 14 | ' | | | |
| I wish to speak | X | X | X | | |
| Available for information only | | | | | |
| Name, address and telephone number of | of each person or or | rganization you are represe | enting: | | |
| Are you being paid for your representa | tion? | | ☐ Yes ☐ No | | |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | r paid duties for thi ed not complete the | is person or organization? e rest of this form. If you a | Yes No nswered "yes," go on to the next | | |
| Speaking Limit: | | 4 minutes | | | |
| REGISTRANT # 44 | (See | Back) | | | |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 Please check the appropriate boxes: | Nam Addr | 1, 0 7 10 | Fipre, MD wHespe St. n, WI 53703 |
|---|---------------------|--|---|
| | | 01001 | 01985 |
| | 01880 | 01881 | Repealing smoking ban |
| | Referendum | Hardship Exemption | Repeating smoking ban |
| Support | | | ×. |
| Oppose | | | |
| Neither support nor oppose | | | V |
| I wish to speak Available for information only | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | | | |
| Are you being paid for your representation. Are you appearing as part of your other (If you answered "no," STOP; you need question.) | naid duties for thi | s person or organization? e rest of this form. If you o | Yes No Yes No nswered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT # SO | (See | Back) | |

| ************************************** | | | |
|--|--|--|--|
| | | | |
| and decomposition | Antonoooji Mara | | |
| dad a sardware property | all a subject to control of | | |
| Ordered white the | at in more consequent | | |
| Spelling or marketing | şi keşine everinde e | | |
| Constitution of the Spanish | Ordinary was proporty | | |
| Judge 6314 0+1/4 | Not as well as | | |
| Abmobal Alamater | - Auditory contract of the con | | |
| mercan being debra | degravity faces and | | |
| STATE | And the search of the search o | | |
| the same and the s | Selection of the second | | |
| and the second second | i de la composição de l | | |
| | Company Transaction | | |
| | Ference | | |
| | to vocation to the state of the | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | · : | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Are you an | elected official who is appearing solely on behalf of your office or for your municipality or other lal body? |
|---------------------|--|
| | vered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) |
| If you are be that: | being paid for your representation, or if your appearance is part of other paid duties, do you understand |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? |
| | vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's soom 103 of the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |
| | |
| | |
| | |

| ıer | | | |
|-----|--|--|--|
| ici | | | |
| gn | | | |
| nd | | | |
| | | | |
| | | | |
| | | | |
| | en auri por l'inna vincionà cui | | |
| z's | uponina and a market and a mark | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | a province a season and consideration | | |
| | Community of the Commun | | |
| | emovin. | | |
| | | | |

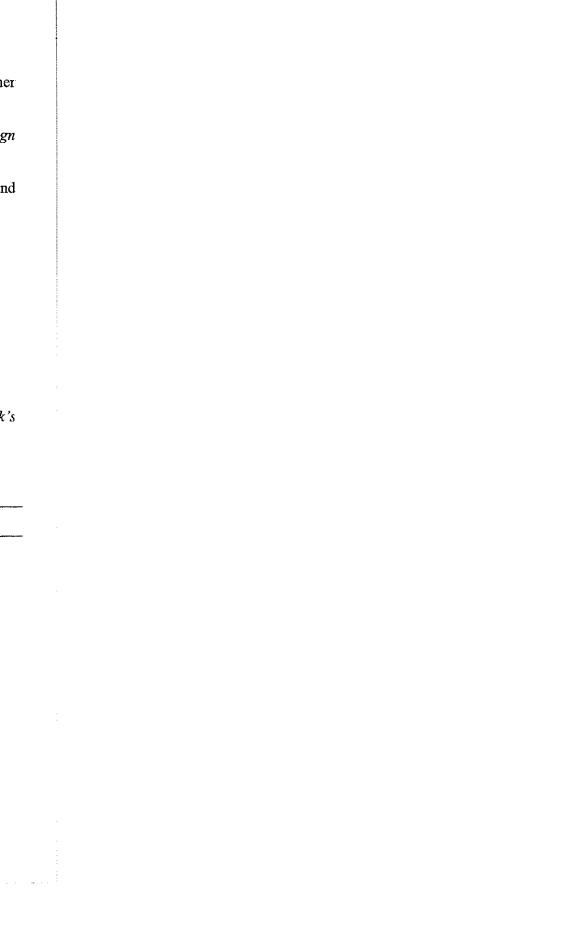
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e Rodney S | HEVENSON as Ave on 53715 | | |
|---|------------|--------------------|--------------------------------|--|--|
| Agenda No. 29 | Addı | ess 1030 Vila | as Au€ | | |
| Tigorium T.VV | 1100 | MANIS | on 53715 | | |
| Please check the appropriate boxes: | ! | | | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | | | | |
| Oppose | × | X | × | | |
| Neither support nor oppose | | | | | |
| I wish to speak | | | * | | |
| Available for information only | | | | | |
| At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing: | | | | | |
| Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? 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 # 51 | (See | Back) | | | |

| THE PART OF THE PA | |
|--|--|
| es addresses | |
| a maria de la deservación de la deservación de la dela dela dela dela dela dela del | |
| Size any model to so the size of the size | |
| ar established | |
| Company of the Compan | |
| | |
| | |
| | |
| Character sections | |
| 10000 | |
| | |
| | |
| Next to the second of the seco | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e Mawreen | Busalaki | | |
|---|------------|--------------------|-----------------------|--|--|
| Agenda No. 29 | Addı | | | | |
| g | Tiddi | Medison | 2153717 | | |
| | | 1 2 36 400 45 4 | | | |
| Please check the appropriate boxes: | | | | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | | | | |
| Oppose | × | × | × | | |
| Neither support nor oppose | | | | | |
| I wish to speak | X | × | × | | |
| Available for information only | | | | | |
| Name, address and telephone number of each person or organization you are representing: Smoke Free Wisconsin Ave Madison Wisconsin Ave | | | | | |
| Are you being paid for your representation | on? | | Yes No | | |
| Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) | | | | | |
| Speaking Limit: | •••••• | 4 minutes | | | |
| REGISTRANT # 55 (See Back) | | | | | |

| vægordovanosti anti- | | | |
|--|--|--|--|
| | | | |
| . A third downwards in some or and a state of the state o | | | |
| and make the control of the control | | | |
| n de la companya de l | | | |
| North printing delayagement of the control of the c | | | |
| Andreas Control of the Control of th | | | |
| The state of the s | | | |
| edoc leaves and constraints of the constraints of t | | | |
| william et i va mot to zadoù | | | |
| es Beautistania | | | |
| and the state of t | | | |
| west.pr/: | | | |
| | | | |
| | | | |

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

| | A STATE OF THE STA | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | Target and the second | | | |
| | | | | |
| | | | | |
| | | | | |
| | interplate property and the state of the sta | | | |
| | | | | |
| The state of the s | | | | |
| Committee of the second second second | | | | |
| | | | | |
| | | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| agenda No. 29 | Nam Addr | ess 1506 Madis Madison, 1 | Reilly on St UI 53711 |
|---|---|--|--|
| lease check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | | |
| Neither support nor oppose | | | |
| I wish to speak Available for information only | X | | |
| At this meeting are you representing an If you answered "no," STOP; you ne westion) | n organization or a ed not complete the | person other than yourself: e rest of this form. If you ar | ☐ Yes ☑ No nswered "yes," go on to the ne |
| If you answered "no," STOP; you ne uestion.) | ed not complete the | e rest of this form. If you a | nswered "yes," go on to the ne |
| If you answered "no," STOP; you ne | ed not complete the | e rest of this form. If you a | nswered "yes," go on to the ne |
| If you answered "no," STOP; you ne uestion) Name, address and telephone number of | ed not complete the of each person or | ganization you are represes person or organization? | nswered "yes," go on to the ne |
| If you answered "no," STOP; you ne uestion.) Name, address and telephone number of the you being paid for your representative you appearing as part of your other than you answered "no," STOP; you ne | ed not complete the of each person or | e rest of this form. If you are represe ganization you are represe s person or organization? The rest of this form. If you are | nswered "yes," go on to the ne |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | | |
|--|--|--|--|--|--|--|
| (If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) | | | | | | |
| If you are being that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | |
| 1., | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No | | | | | |
| 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | |
| (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 | | | | | |
| | | | | | | |

| j | | | |
|----|--|--|--|
| | | | |
| ı | | | |
| | | | |
| | | | |
| | | | |
| n | | | |
| | | | |
| | | | |
| d | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 's | | | |
| ມ | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

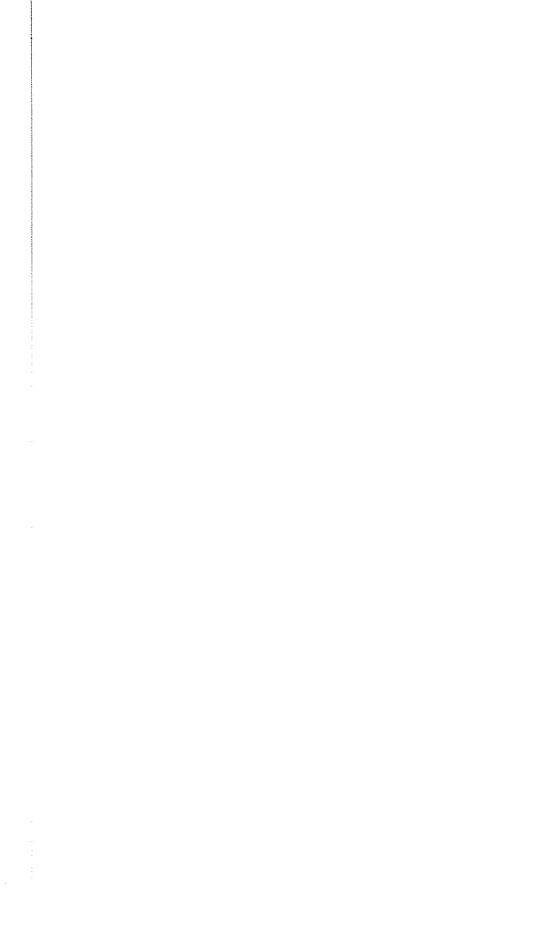
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addı | | vone ckson | | |
|---|---------------------|-----------------------------|--------------------------------|--|--|
| Please check the appropriate boxes: | | | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban | | |
| Support | | | | | |
| Oppose | <u> </u> | × . | X | | |
| Neither support nor oppose | | | | | |
| I wish to speak Available for information only | | | | | |
| (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: Next Stop: Next Stop: You need not complete the rest of this form. If you answered "yes," go on to the next question.) | | | | | |
| Are you being paid for your representat | ion? | | ☐ 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 # 5 4 (See Back) | | | | | |

| 1 | |
|---|--|
| | |
| | |
| | |
| 1 | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| , | |
| | |
| | |
| | |

| | 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 that: | 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? | | | | | |
| 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | |
| (If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) | | | | | | |
| Date | Date Signature Print Name | | | | | |



City of Madison Registration Statement - Common Council

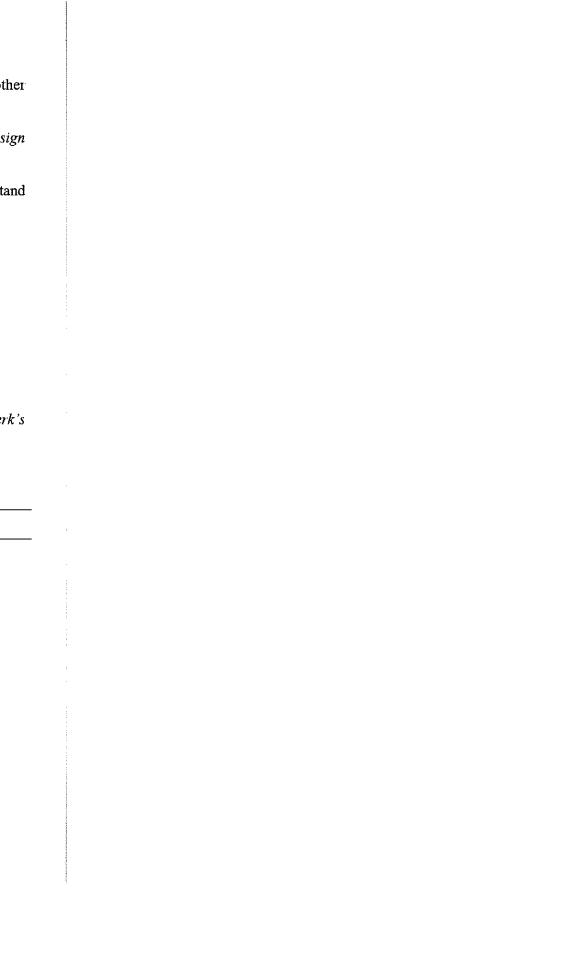
You must register before the Council considers your item.

| | Nom | e <u>Caronsel</u> A | when brand | | |
|--|---------------------|---------------------|-----------------------|--|--|
| 20 | | | - <i>U</i> | | |
| Agenda No. 29 | Addı | ress 1715 Hoya | | | |
| | Madison WI 53726 | | | | |
| | | • | | | |
| Please check the appropriate boxes: | | | | | |
| | 01000 | 01881 | 01985 | | |
| | 01880 Referendum | Hardship Exemption | Repealing smoking ban | | |
| Same | Referendum | Hardship Exchiption | Repeating smoking our | | |
| Support | *** | * | 34 | | |
| Oppose 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: [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 Area Madison Wisconsin Area Madison Wisconsin Area | | | | | |
| Are you being paid for your representati | on? | | Yes No | | |
| Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) | | | | | |
| Speaking Limit:4 minutes | | | | | |
| REGISTRANT # (See Back) | | | | | |

| | véalestra vida | | |
|---|--|--|--|
| | AN I SAME THE SAME TH | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | a de la companya de l | | |
| • | | | |
| | | | |
| • | | | |
| | | | |
| | | | |
| | | | |
| | To the state of th | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | re you an elected official who is appearing solely on behalf of your office or for your municipality or other overnmental body? | | | | | |
|---------------------------------|--|--|--|--|--|--|
| (If you answer this form. If yo | 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 that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | | | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No | | | | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | |
| | 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 | | | | | |

THO CONFORTO



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | · | | a tempo bat as a same park to | |
|---|-----------------------|--------------------|-------------------------------|--|
| | Nam | e LVKE W | ITKOWSKI | |
| Agenda No. 29 | Addı | ess 9117 WAT | ERSIDE #207 | |
| | | MIDDIFTON | WI 53562 | |
| | | | | |
| Please check the appropriate boxes: | | | | |
| Trouble choose and appropriate | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | | |
| Oppose | X | × | × | |
| Neither support nor oppose | | | | |
| I wish to speak | | | X | |
| Available for information only | | | | |
| Name, address and telephone number of each person or organization you are representing: | | | | |
| | | | ☐ Yes ☐ No | |
| Are you being paid for your represer | nauon? | | | |
| 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) | | | | |

| ļ | | | |
|---------|--|--|--|
| | - | | |
| 1000000 | a a delinera a a delinera a a delinera a del | | |
| | e constant de la cons | | |
| | A to the state management | | |
| 1 | | | |
| | | | |
| | Value and the state of the stat | | |
| | *************************************** | | |
| | na el e ressendo e | | |
| | Aveal of the Control | | |
| | Account of the contract of the | | |
| | T Commission and | | |
| | gadā tooppes ā soli | | |
| | general definitions | | |
| | Consessor Versida | | |
| | - Address - Control of the Control o | | |
| | مد او تاهید فرد د | | |
| | Table for specimens of con- | | |
| | opportuniti | | |
| | Add Shipton | | |
| | A CONTRACTOR OF THE CONTRACTOR | | |
| | vol sy von diener i i von | | |
| | Breeze America | | |
| | and the second of the second o | | |
| | Value | | |
| | And the state of t | | |
| | 6-) Vegetili.Ne | | |
| | ascude reserved (1) | | |
| | | | |
| | m page of the control | | |
| | nevang | | |
| | and the state of t | | |
| | The state of the s | | |
| | averal radio. | | |
| | weed Williams | | |
| | | | |
| | | | |
| | merobanous por de annual construction de la constru | | |
| | A COMPANY OF THE COMP | | |
| | \$ | | |
| | | | |
| | | | |
| | | | |

| | are you an elected official who is appearing solely on behalf of your office or for your municipality or other overnmental body? | | | | | | |
|---------------------|--|--|--|--|--|--|--|
| | If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) | | | | | | |
| If you are beithat: | 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? | | | | | | |
| | 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.

| Agenda No. 29 | Nam Addi | e Walter Se Jess 4025 M Madison | ineral Point Rd | | |
|---|---------------------|---------------------------------------|--------------------------------|--|--|
| Please check the appropriate boxes: | | | | | |
| Support | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban | | |
| Oppose | 7 | | | | |
| Neither support nor oppose | - • | | | | |
| I wish to speak | | | X | | |
| Available for information only | | | | | |
| Name, address and telephone number of | each person or or | ganization you are represe | enting: | | |
| Are you being paid for your representation | on? | | Yes No | | |
| Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) | | | | | |
| Speaking Limit: | ••••• | 4 minutes | | | |
| REGISTRANT # (See Back) | | | | | |

| | - | | |
|--|---|--|--|
| | | | |
| | | | |
| 1 | | | |
| 100 | | | |
| - | | | |
| 100 | | | |
| alga may apa ar dhingame / AV | | | |
| anick###alabicati | | | |
| hamp) hidlede 46 o | | | |
| en in and policies in the second | | | |
| elitandarde el publica | | | |
| a continue of the | | | |
| - PAS AGAIN PROCESSION | | | |
| ivo a habita Antologi | | | |
| nows process | | | |
| Systematical | | | |
| odjelove socjetica | | | |
| el continue van | | | |
| And line Assessment of the Control o | | | |
| Participation (Annual Control | | | |
| aucelo stigeco. | | | |
| actaryya fichodo | | | |
| deniječejostika a jeo | | | |
| at epid eg John von | | | |
| drawn de | | | |
| Ligavolessanavassijum | | | |
| anjippam 1999 v Švijšjan | | | |
| Adamida Nacada | | | |
| 6) mily many (s) | | | |
| taybhilis fradis pa | | | |
| obline espelato | | | |
| recovered to the second | | | |
| led Annear a regadol (Indisapo Vidia p. Leec | | | |
| f | | | |
| | | | |
| | | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other covernmental body? | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|
| | (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) | | | | | | |
| If you are beithat: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | | |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | | | |
| 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | | |
| (If you answer Office at Room | (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 | | | | | | |

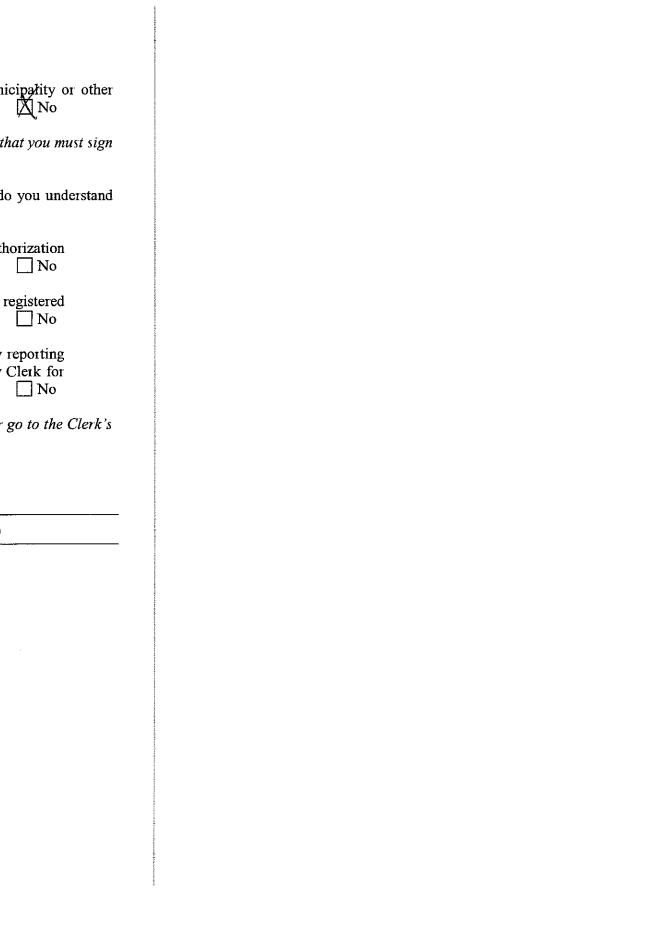


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addr | ess 1001 N 418 | Nry Ni 537B | |
|---|---------------------|-----------------------------|--------------------------------|--|
| Please check the appropriate boxes: | | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban | |
| Support | | | × | |
| Oppose | X | | | |
| Neither support nor oppose | | | * | |
| I wish to speak Available for information only | | | | |
| (If you answered "no," STOP; you need 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 representati | ion? | | ☐ 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 # 3 (See Back) | | | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other overnmental 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 his form. If you answered "no" to the question, go on to the next question) | | | | | | | |
| If you that: | u are be | eing paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | | |
| | 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | | | |
| | 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No | | | | | | |
| | 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | | |
| If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) | | | | | | | | |
| Date | 9/0 | 20/05 Signature Joelle Parks Print Name Joelle Parks | | | | | | |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | FRINT INF | WIE CLEARET |
|---|---|--|--|
| Agenda No. 29 | Nam Addi | e Cathy Swar Jess 3915 Yu Madison | una Drive W/ 537// |
| Please check the appropriate boxes: | | ***/ | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose | <u> </u> | <u> </u> | × |
| Neither support nor oppose | | | |
| I wish to speak Available for information only | | | |
| Name, address and telephone number of | of each person or or | ganization you are represe | enting: |
| | | | |
| Are you being paid for your representa | tion? | | 🗌 Yes 🛮 📉 No |
| Are you appearing as part of your othe (If you answered "no," STOP; you ne question.) | er paid duties for thinged not complete the | s person or organization? e rest of this form. If you a | Yes No No nswered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # 56 | (377 | , | |

| | AND CONTROL CO | |
|--------------------|--|--|
| | | |
| | AND THE PROPERTY OF THE PROPER | |
| | To a contract of the contract | |
| | COLORISATION | |
| | | |
| | CONTRACTOR WATER TO THE STATE OF THE STATE O | |
| | en problet Proposition | |
| | And the second s | |
| | Transfelhium denne en | |
| | | |
| | to grand dominate | |
| : | described of the descri | |
| | | |
| | | |
| | overa solventherite | |
| | • Company properties as | |
| | Survey of the Control | |
| | NAMES BECOME LEAN | |
| | redisciplinative endors | |
| | ranoom editiv (F=ii- | |
| | er-manurable ped fo | |
| | economic and the second | |
| | A Private a manual designal. | |
| | Windowskin | |
| | refidure service deve | |
| - American Company | | |
| 7 | | |
| | | |
| | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No | | | | | |
|---|--|--|--|--|--|--|
| | red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.) | | | | | |
| If you are being that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | | | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No | | | | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | |
| (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.

| Agenda No. 29 | Nam Addi | ess 615 Lak | Ciuk Estemado Dans UD |
|--|---|--|---|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose | | | |
| Neither support nor oppose | | J | Australia |
| I wish to speak Available for information only | | | |
| Name, address and telephone number of | each person or or | ganization you are represe | enting: |
| Are you being paid for your representati | on? | | ☐ Yes XNo |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | paid duties for thi d not complete the | s person or organization? e rest of this form. If you a | Yes No nswered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| REGISTRANT# | (See | Back) | |

| _ | | | |
|--------|--|--|--|
| | Appy A region of the control of the | | |
| _ | species discontinuities considera | | |
| | A the control control of the control | | |
| _ | SONNE-Book distriction beautiful. | | |
| | | | |
| t | evrapping times to the solice-events. | | |
| | Nonembor industries described | | |
| - - | nos a exportante de la constante de la constan | | |
| | energy regiment of the programment of the programme | | |
| rt. | The contract of the contract o | | |
| | | | |
| | The control of the co | | |
| | formation and the state of the | | |
| | | | |

| Are you an o | | on behalf of your office or for your municipality or other Yes No |
|---------------------------------|--|---|
| (If you answe this form If y | red "yes" to the question, STOP. You need ou answered "no" to the question, go on to | d not complete the rest of this form, except that you must sign the next question.) |
| If you are be that: | ing paid for your representation, or if you | r appearance is part of other paid duties, do you understand |
| 1 | Before you engage in lobbying as a lobb with the City Clerk? | byist, you or your principal must file an authorization Yes No |
| 2. | Your principal is not permitted to auth with the City Clerk? | orize you to lobby unless the principal is registered Yes No |
| 3. | If your principal spends or will owe me period (calendar quarter), the principal the remaining quarters of the calendar ye | ore than \$500 for lobbying services in any reporting must file expense statements with the City Clerk for ear? |
| (If you answe Office at Roo | ered "no" to any of the last three question m 103 of the City-County Building, Madisc | s, please call the City Clerk at 266-4601 or go to the Clerk's on, for more information.) |
| Date | Signature | |
| | Print Name | |

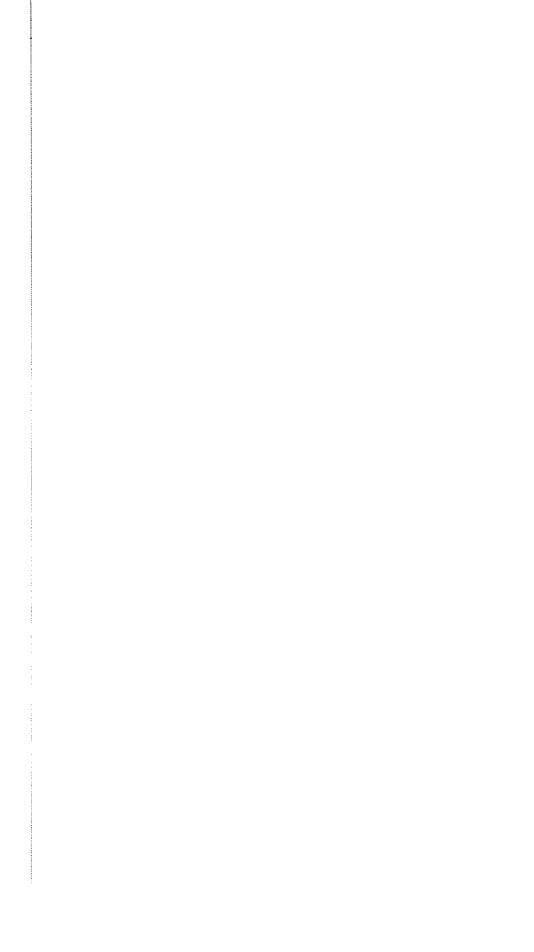
| er | Prince and Advanced a Control of the | | |
|-------------|--|--|--|
| | The state of the s | | |
| m | | | |
| | | | |
| nd | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 's | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e Adam Ben | edetto | |
|--|---|-----------------------------|-------------------------|--|
| Agenda No. 29 | Addı | ress 705 5. | Dirknion st un 53703 | |
| | | MADISON | w 53703 | |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | | |
| Oppose | × | X | <u>×_</u> | |
| Neither support nor oppose | | | | |
| I wish to speak | | × | <u>+</u> | |
| Available for information only | | | | |
| Name, address and telephone number o | f each person or or | rganization you are represe | nting: | |
| Are you being paid for your representat | ion? | | 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 # 25 | (See | Back) | | |

| 8 | | | | | |
|--|--|--|--|--|--|
| Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | |
| | uplete the rest of this form, except that you must sign 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? | | | | | |
| Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | | |
| If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | |
| (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.) | | | | | |
| Signature | | | | | |
| Print Name | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | estion, STOP. You need not come the question, go on to the next presentation, or if your appearate in lobbying as a lobbyist, you k? not permitted to authorize you k? spends or will owe more than squarter), the principal must file reters of the calendar year? the last three questions, please county Building, Madison, for mo | | | | |



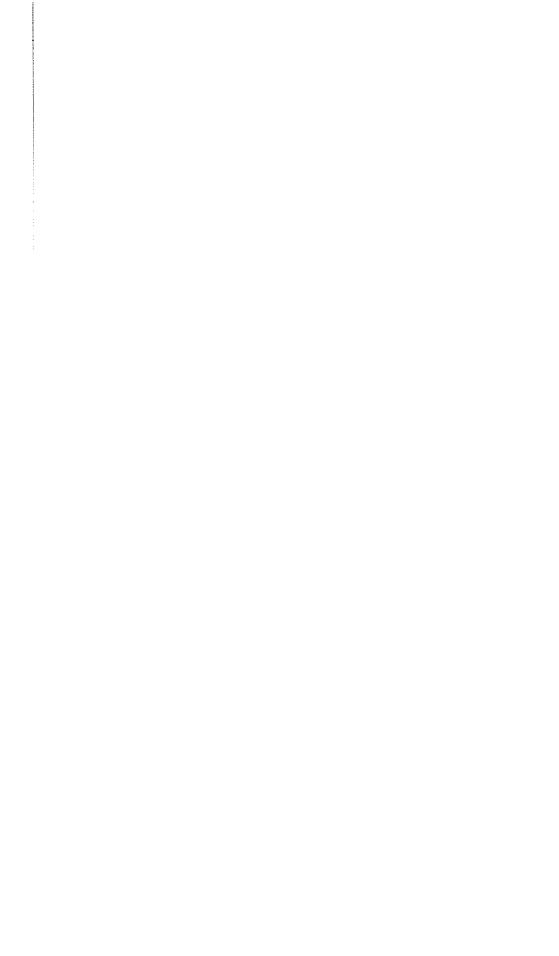
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | Ave |
|--|--|---|--|
| Please check the appropriate boxes: | | Mzyny J | M 53715 |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | X | X |
| Neither support nor oppose | | | |
| I wish to speak | | <u> </u> | |
| Available for information only | | ₹ | * |
| If you answered "no," STOP; you ne | n organization or a ed not complete the | person other than yourself: e rest of this form. If you ar | Yes No nswered "yes," go on to the nex |
| If you answered "no," STOP; you ne question.) | ed not complete the | e rest of this form. If you ar | nswered "yes," go on to the ne. |
| If you answered "no," STOP ; you nequestion.) Name, address and telephone number of | ed not complete the | e rest of this form. If you ar | nswered "yes," go on to the ne |
| At this meeting are you representing an (If you answered "no," STOP; you nequestion.) Name, address and telephone number of the you being paid for your representative and appearing as part of your other (If you answered "no," STOP; you nequestion.) | of each person or | rest of this form. If you are represent a person or organization? | nting: Yes No |
| If you answered "no," STOP; you ne question.) Name, address and telephone number of the control | of each person or or or each person? The paid duties for this end not complete the | rest of this form. If you are represent a person or organization? | nting: Yes No |

| The state of the s | | |
|--|--|--|
| | | |
| The state of the s | | |
| manda administrati managara di managar | | |
| e de la constanta de la consta | | |
| | | |
| illi marinari en esta de la companio | | |
| dicion manufacturation project | | |
| encourage and a finishment of community | | |
| Boundaries refer that when the state of the | | |
| a rumaniska propriestra | | |
| received head the property of the control of the co | | |
| descentively top (ip p. c. | | |
| Note the continues of a second section of the secti | | |
| dro Kilondar y promitódom | | |
| nde amplement at the department of | | |
| add dissuss for finished with the state of t | | |
| vennelije kalovenja te javote | | |
| | | |
| SNR prod Toront Toronto | | |
| de division mission de | | |
| and | | |
| representation and the second | | |
| : | | |
| | | |

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



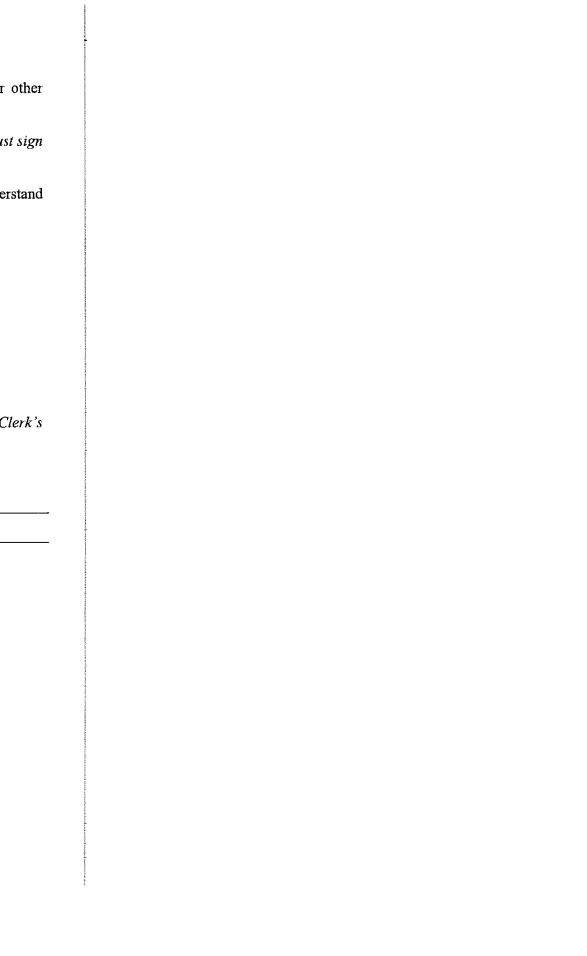
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Ñam | e Nate Al | feather |
|---|---|---|--|
| Agenda No. 29 | Addı | ress <u>18 5. O</u> rc | hard 54 |
| | | | I 5371S |
| Please check the appropriate boxes: | 1 | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | \ | X | |
| Neither support nor oppose | | | |
| I wish to speak | \perp | ~ | × |
| Available for information only | | | |
| Name, address and telephone number of | f each person or or | rganization you are represe | nting: |
| | | | |
| Are you appearing as part of your other (If you answered "no," STOP; you need | paid duties for thi | s person or organization? e rest of this form. If you ar | ☐ Yes ☐ No ☐ Yes ☐ No aswered "yes," go on to the next |
| Are you being paid for your representate Are you appearing as part of your other (If you answered "no," STOP; you need question.) Speaking Limit: | paid duties for thi d not complete the | e rest of this form. If you ar | ☐ Yes ☐ No |

| | PRINT NAME CLEARLY | | |
|--|--|---|--------------------------------|
| genda No. 29 | Nam Addı | ress <u>/8 S. Orc</u> | |
| ease check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose | | X | |
| Neither support nor oppose | | | |
| I wish to speak | \perp \times | | |
| Available for information only | | | |
| ame, address and telephone number of | | | |
| re you being paid for your representat | ion? | | ☐ Yes ☐ No |
| re you being paid for your representative you appearing as part of your other you answered "no," STOP; you nee testion.) | paid duties for thi | s person or organization? e rest of this form. If you ar | ☐ Yes ☐ No |
| re you appearing as part of your other you answered "no," STOP; you nee | paid duties for thind not complete the | e rest of this form. If you ar | ☐ Yes ☐ No |

| | ou an el mental l | lected official who is appearing solely on behalf of your office or for your municipality or other body? |
|---------------------|----------------------|--|
| | | ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.) |
| If you that: | are beir | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? |
| | 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No |
| | 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? |
| (If you Office (| answer at Room | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's a 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |
| | | |



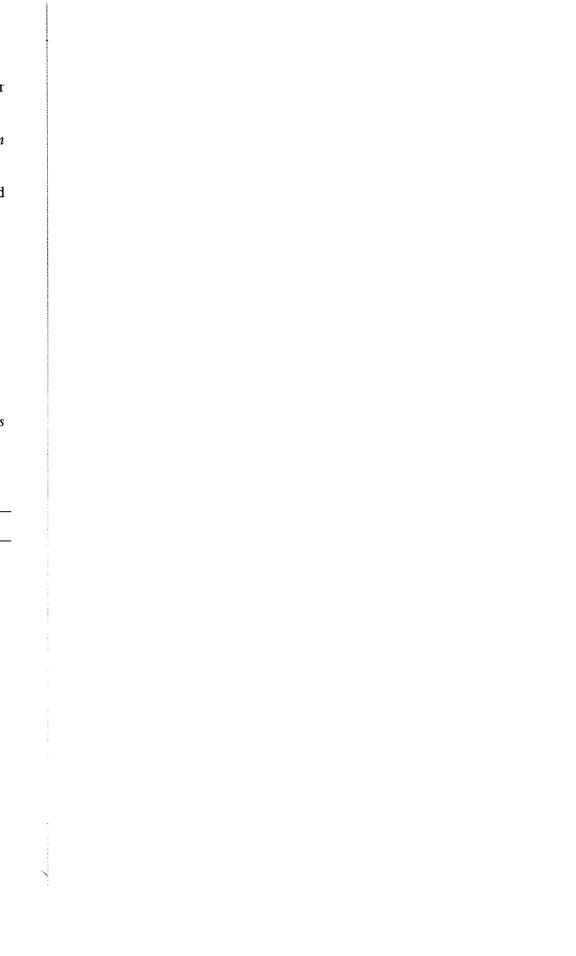
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addı | 11000 | Murphy plint Rd. WI 53718 |
|---|---------------------|-----------------------------|---------------------------------|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose | Χ | X | <u> </u> |
| Neither support nor oppose | | | |
| I wish to speak Available for information only | <u> </u> | <u> </u> | |
| (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 | on? | | ☐ Yes ☐ No |
| Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) | | | |
| Speaking Limit: | •••••• | 4 minutes | |
| REGISTRANT # 21 (See Back) | | | |

| | : | | | |
|---|---|--|--|--|
| ٠ | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Are you | | ected official who is appearing solely on behalf of your office or for your municipality or other body? |
|-------------------|----------|--|
| | | ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.) |
| If you a that: | are bein | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No |
| | 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No |
| | 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? |
| | | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) |
| Date _ | <u> </u> | Signature Print Name |
| | | FIIIL INAILIC |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e RICHARD S | RUSSELL |
|--|------------------------|---|---|
| Agenda No. 29 | Addı | ress 2512 KEND | a. A |
| | 7100 | | |
| | | MADISON V | 1 53705-3736 |
| | | | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | × | X | <u>×</u> |
| Neither support nor oppose | | | |
| I wish to speak | × | | |
| Available for information only | | | |
| nuestion.) Name, address and telephone number | of each person or or | rganization you are represe | enting: |
| Are you being paid for your represents | ation? | | ☐ Yes No |
| Are you appearing as part of your other (If you answered "no," STOP; you nequestion) | er paid duties for thi | is person or organization? e rest of this form. If you a | Yes No enswered "yes," go on to the ne |
| Speaking Limit: | | 4 minutes | |
| 21 | (See | Back) | |
| REGISTRANT # 31 | _ | | |

| ĺ | |
|--|--|
| - Common of | |
| | |
| American I. | |
| - Andrews | |
| to a land | |
| town forms | |
| or de Contra | |
| the heavy | |
| Assertables | |
| and a land | |
| - Contraction | |
| | |
| 200000000000000000000000000000000000000 | |
| 4 | |
| A. Rechange | |
| A North Addition | |
| 100000000000000000000000000000000000000 | |
| A PROPERTY. | |
| 1000-0-1 | |
| 101000000000000000000000000000000000000 | |
| | |
| and all about | |
| second same | |
| 2000000 | |
| Action to | |
| The State of the S | |
| - Contraction | |
| 100000000000000000000000000000000000000 | |
| 400 | |
| And Section | |
| | |
| - | |
| Access from the | |
| The second | |
| - | |
| - | |
| - | |
| and the first of the state of t | |
| And and a second | |
| | |
| | |
| | |
| | |
| | |
| | |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | |
|---|--|--|--|--|
| | red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question) | | | |
| If you are bei that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No | | | |
| 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | |
| (If you answe Office at Roor | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) | | | |
| Date | Signature | | | |
| | Print Name | | | |

| į | | | |
|-------------|--|--|--|
| ĺ | | | |
| ı į | | | |
| - | | | |
| | | | |
| | | | |
| η | | | |
| | | | |
| | | | |
| i l | | | |
| 4 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| : | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| _ | | | |
| S | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e Christine | Wal box | |
|---|-------------------|---|--------------------------------------|--|
| Agenda No. 29 | | | | |
| Agenda 110. | Addi | ress 216 N H | <u> </u> | |
| | | _ MADISO | 7, WI 53 703 | |
| Please check the appropriate boxes: | | | | |
| 11 | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | | |
| Oppose | χ | X | X | |
| Neither support nor oppose | | | _ | |
| I wish to speak | | | * | |
| Available for information only | | | | |
| Name, address and telephone number of American Concern | each person or or | ganization you are represe y - (o) (Cycs X | nting: 190111ST CANCER Chapter | |
| Are you being paid for your representation | on? | | Yes No | |
| Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) | | | | |
| Speaking Limit: | •••••• | 4 minutes | | |
| REGISTRANT # 35 | (See | Back) | | |

| | <u> </u> | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | The state of the s | | |
| | Programme | | |
| | WARA AT LABOR | | |
| | Personal | | |
| | | | |
| | | | |
| | | | |
| 2 | | | |
| Special | | | |
| Constant of the Constant of th | Queen a M. I. I. Commission of the Commission of | | |
| 1 | nol Processed land | | |
| 100 | | | |
| 100000 | | | |
| To a contract of the contract | | | |
| o constant | | | |
| allocus Vypadio | | | |
| i coopinga yaa | | | |
| 1000 | | | |
| oskilorrotassa, pitolijonjo pješinot | | | |
| egogo stantin | | | |
| Mindaga | | | |
| of dynamics of the second | | | |
| de Li Zela General | | | |
| al'e screageai | | | |
| paid (Parline a ction | _ | | |
| opialonikasjo | | | |
| warquijaly (spo. | | | |
| WASHINGTON. | | | |
| Palegarphone | | | |
| loo/indenses kel | | | |
| Man believe | | | |
| coverations | | | |
| uzzelek esseke een | : | | |
| ž. | | | |
| atendrie bergesalde pater i social | | | |
| 4 | | | |
| calded technology | | | |
| Y.C. Of Contract | | | |
| mount (mount | | | |
| Important (ANS). | | | |
| beautifulga- | | | |
| -decorate | | | |
| stebooli Adjada Vissaus nadja i | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | re you an elected official who is appearing solely on behalf of your office or for your municipality or other overnmental body? | | | | | |
|-------------------|---|---|------------------------------------|---|---|-------------------|
| | | red "yes" to the question, ou answered "no" to the c | | ed not complete the rest of the to the next question.) | his form, except t | hat you must sign |
| If you that: | are bei | ng paid for your represer | ntation, or if yo | our appearance is part of oth | er paid duties, d | o you understand |
| | 1. | Before you engage in lowith the City Clerk? | obbying as a lo | bbyist, you or your principal | must file an autl | horization No |
| | 2. | Your principal is not p with the City Clerk? | permitted to aut | thorize you to lobby unless | the principal is | registered No |
| | 3. | If your principal spend period (calendar quarte the remaining quarters of | 1), the principa | nore than \$500 for lobbying I must file expense statemer year? | g services in any its with the City Yes | Clerk for |
| (If you Office | answer at Roon | red "no" to any of the la. n 103 of the City-County | st three questio Building, Madi | ns, please call the City Cler son, for more information) | k at 266-4601 or | go to the Clerk's |
| Date _ | 10 | 20-05 | Signature | Christin W | 1ster | 1.000 |
| | | | Print Name | CVIVISIIM W | 1001011 <u> </u> | #MAL-12-777 |

| | 1 | | |
|---------|--|--|--|
| | | | |
| | a constant of | | |
| | | | |
| | | | |
| | opposed to the state of the sta | | |
| 041-0e | | | |
| other | | | |
| | | | |
| | j | | |
| | | | |
| st sign | | | |
| J | | | |
| | | | |
| | | | |
| rstand | | | |
| ibuiid | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | : | | |
| | : | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| llerk's | | | |
| | | | |
| | - - | | |
| | • | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | • | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | | Poulson coles La |
|---|---|-----------------------------|--------------------------------|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose | | <u> </u> | 1 |
| Neither support nor oppose | | | |
| I wish to speak | la service de la constante de | | |
| Available for information only | | | |
| (If you answered "no," STOP; you ne question.) Name, address and telephone number of the state | of each person or | rganization you are represe | |
| Are you being paid for your representa | ntion? | | ☐ Yes No |
| Are you appearing as part of your other paid duties for this person or organization? Yes Yes Yes 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 # 36 (See Back) | | | |

| <u> </u> | v v v v v v v v v v v v v v v v v v v | | |
|----------|--|--|--|
| | tead Nicoton work would | | |
| | manyaddur I malandaran | | |
| | Carpon nova residenti policy. | | |
| | Notice of Audience version and the Control of the C | | |
| : | rooden-ji foodolikus soona | | |
| | n-viden Aldrahed Redefines or mi | | |
| ext | MA (Paragraphymanu maddan | | |
| | The hydrograph of the property | | |
| | eg estabus pyramos dabaigo vo | | |
| | da a reconstituto de la reconstitu | | |
| ext | with the state of | | |
| | Revolution of Annual Annua | | |
| | vojem rozlada vojemča vojeka | | |
| | er forest in a constituent de l'acceptant de l'acce | | |
| | errores. | | |
| | | | |

| | Negistration Statement 1 age 2 | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|
| <u>-</u> | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | | |
| | (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) | | | | | | |
| If you are betthat: | ing paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | | |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | | | | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | | |
| (If you answe Office at Room | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) | | | | | | |
| Date | Signature | | | | | | |
| | Print Name | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

.......



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 Name Bryce Nelson Address 2414 Upham St. 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 of (If you answered "no," STOP; you need question.) Name, address and telephone number of | not complete the | rest of this form. If you a | inswered "yes," go on to the next | |
| Are you being paid for your representation | on? | | Yes No | |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | | | | |
| Speaking Limit: | •••••• | 4 minutes | | |
| REGISTRANT # | (See | Back) | | |

| andeles bestellt für die ein Frühlicken mit der Frühendelen nerschlossen. | | | |
|--|--|--|--|
| u angalik kajeur kejelinik koassan eli diel prodpros praepor eje | | | |
| on Problem of Halling Amelian (Alberta Marketan America M | | | |
| ocession recovery state at the delay ventric standers of the delay standers. | | | |
| end Vojelinovi ili malijanje i unišerije leva najvaloprovnega ja | | | |
| geday deterbel – vocasis (no demokratik (no demokratik po demokratik (no demokratik po demokratik po demokrati | | | |
| ntercentricului einenvossimotro (firm tus muiliones II jägi | | | |
| literier/avorationaut: | | | |

| | are you an elected official who is appearing solely on behalf of your office or for your municipality or other overnmental body? Yes No | | | | | | |
|--------------------|--|--|--|--|--|--|--|
| (If you this fo | u answere orm. If yo | ed "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.) | | | | | |
| If you that: | are bein | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | |
| | 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | | | | | |
| | 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No | | | | | |
| | 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | |
| (If yoı Office | u answere at Room | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) | | | | | |
| Date _. | | Signature Print Name | | | | | |
| | | | | | | | |



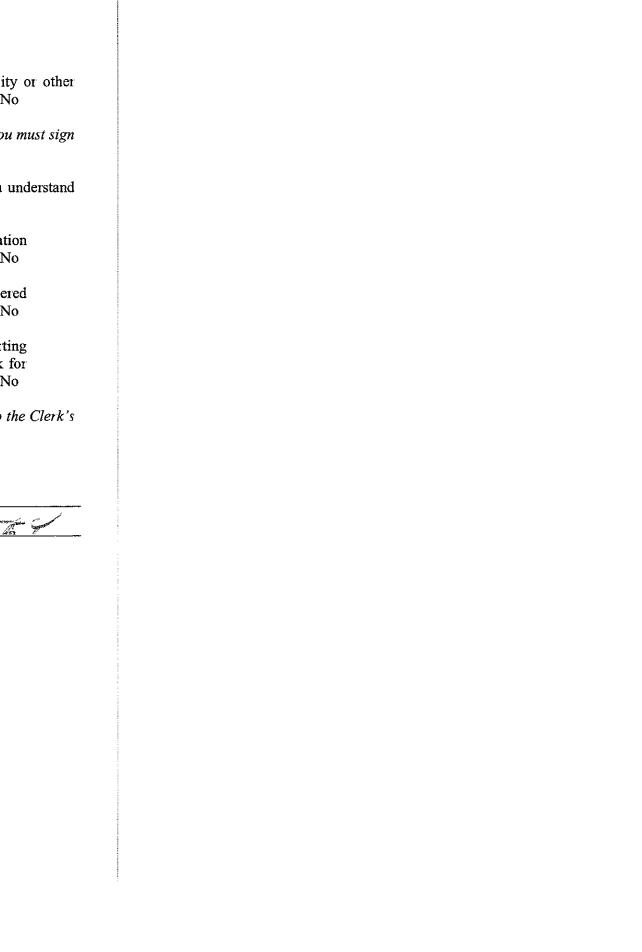
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | <u>.</u> | | |
|---|---------------------|---------------------------------------|-----------------------|
| | Nam | e <u>JAMES</u> sess <u>3900 D.</u> | DASHLEY |
| Agenda No. 29 | Addı | ress 3900 O. | en ster for |
| | | MADISON | 1 11 2 2 310 |
| | | <u> </u> | 775 2879 |
| Please check the appropriate boxes: | | | |
| | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | | | X |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | - | | |
| Are you being paid for your representation. Are you appearing as part of your other | | s person or organization? | ☐ Yes ☐ No |
| (If you answered "no," STOP; you nee question.) | ed not complete the | e rest of this form. If you a | |
| Speaking Limit: | ••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | (| , | |

| - | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| od onick ten se stat place ar i parach (see and all place) and an according to the second of the sec | | | |
| Pariskoli prima i Provincia naskolja i 1 | | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | | |
|---|--|--|--|--|--|--|--|
| | ed "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign on answered "no" to the question, go on to the next question.) | | | | | | |
| If you are that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | | |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No | | | | | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | | |
| (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.) | | | | | | | |
| Date9 | Signature Print Name Print Name | | | | | | |

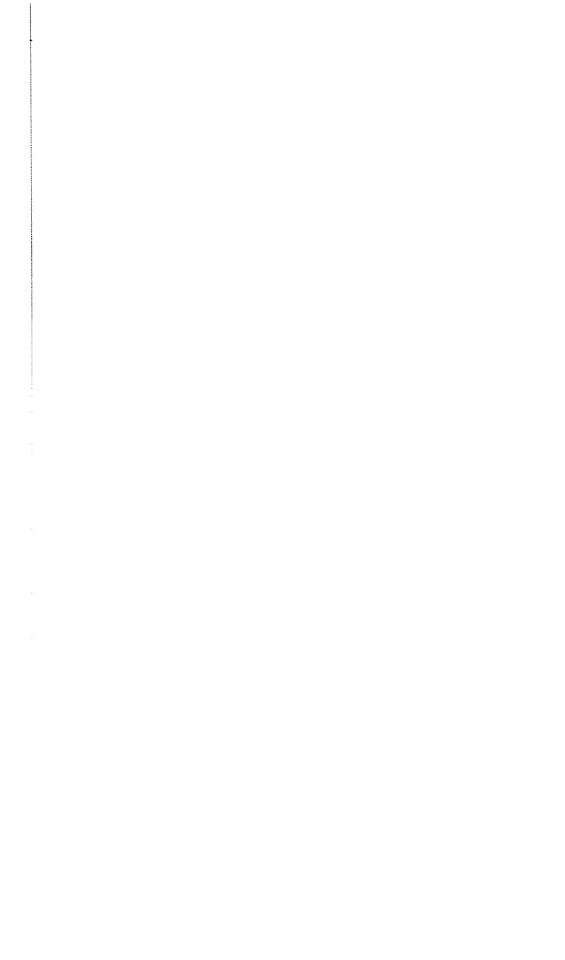


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addı | e Sheila ress 114 02 Madise | Cohen Lark Trl n, WE 53705 |
|---|--|--|---|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support Oppose Neither support nor oppose | obbad | Opposed | opposed to |
| I wish to speak Available for information only | | | Ban. |
| At this meeting are you representing an (If you answered "no," STOP; you ne question.) Name, address and telephone number of | ed not complete the | e rest of this form. If you | answered "yes," go on to the next |
| Are you being paid for your representa | ation? | | Yes No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | er paid duties for thing ed not complete the | s person or organization? e rest of this form. If you | Yes No No answered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | | | |

| • | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | | |
|------------------|--|--|--|--|--|--|--|
| | | ed "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.) | | | | | |
| If you and that: | re bein | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | |
| 1 | 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | | | | | |
| 2 | 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | | |
| 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | | |
| | | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) | | | | | |
| Date | | Signature | | | | | |
| | | Print Name | | | | | |



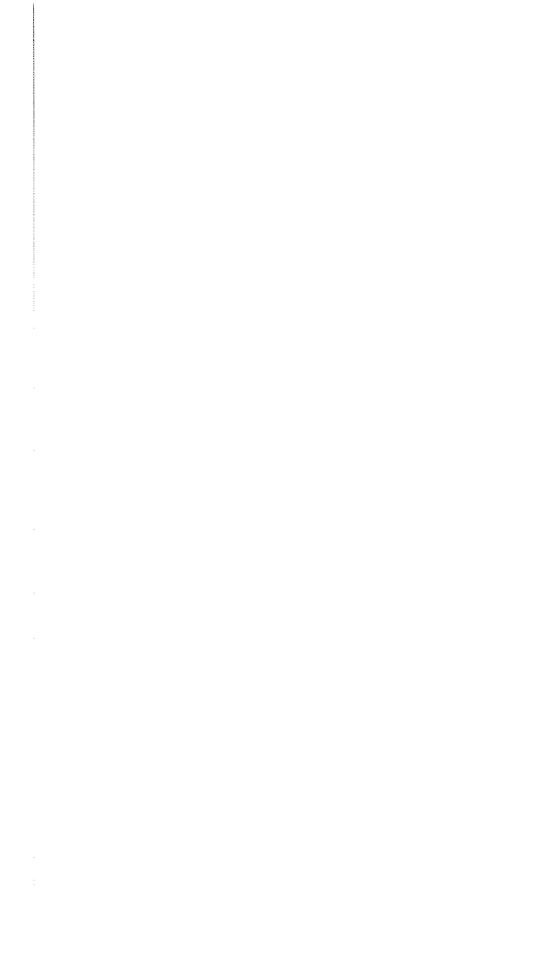
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | | on WI 53704 |
|--|--|--|--|
| Please check the appropriate boxes: | | | |
| Comment | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support Oppose Neither support nor oppose I wish to speak | × | | * |
| At this meeting are you representing an (If you answered "no," STOP; you nee | organization or a ed not complete the | person other than yourself: e rest of this form. If you a | Yes No nswered "yes," go on to the next |
| Name, address and telephone number o | of each person or or | rganization you are represe | enting: |
| Are you being paid for your representati | tion? | | ☐ Yes No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | r paid duties for thi ed not complete the | is person or organization? e rest of this form. If you a | Yes No nswered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| REGISTRANT # | (See | Back) | |

| is has took access as a supply of the | | | |
|---------------------------------------|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| i. | | | |
| Baller. | | | |
| <u> </u> | The state of the s | | |
| ŕ | The state of the s | | |
| | La managina proposa y reporta | | |
| | Name digital film and the film of the film | | |
| | TO A to well 4 great traps (company | | |
| | To be designed to the second of the second o | | |
| next | Visuas (house) | | |
| | | | |
| | erpzeptyk ringrommits. | | |
| | Months descriptions of the control o | | |
| | on more than the second of the | | |
| next | w. a.y report programme, we are | | |
| | \$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | |
| | TOTAL THE PROPERTY OF THE PROP | | |
| | derrow-waterstyle- | | |
| | reace | | |
| | | | |

| - | u an el mental l | lected official who is appearing solely on behalf of your office or for your municipality or other body? |
|---------------------|---------------------|--|
| | | red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question) |
| If you that: | are beir | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 1., | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No |
| | 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No |
| | 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? |
| (If you Office o | answer at Room | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |



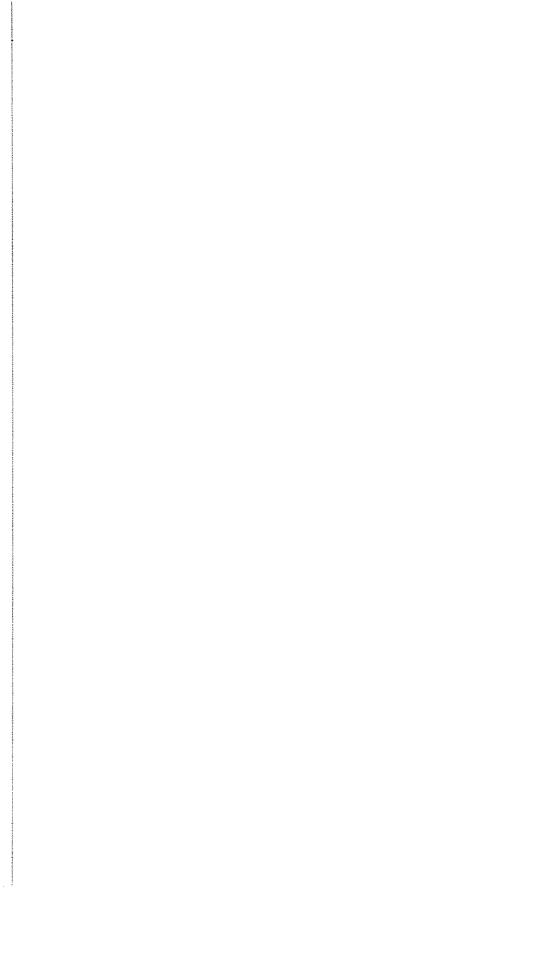
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | • - • - • • • • • • • • • • • • • • • • | |
|--|---------------------|---|----------------------------------|
| | Nam | e Paul O'Li | 53703 |
| Agenda No. 29 | Addı | ress 113 4 E | MIEELIN ST |
| | | ΛΛ -16 0 1/ | 53703 |
| | | MADISON | |
| Please check the appropriate boxes: | | | |
| | | 04004 | 01005 |
| 1 | 01880 | 01881 | 01985 |
| Sharana | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | × | |
| Oppose Neither support not oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| | | | |
| At this meeting are you representing an | organization or a | person other than yourself | : ☐ Yes ☐ No |
| (If you answered "no," STOP; you need | l not complete the | e rest of this form. If you a | nswered "yes," gó on to the next |
| question.) | | | |
| Nieura adduser and talambana mymban of | 'aaah margan ar ar | ranization von are repress | anting: |
| Name, address and telephone number of | each person or or | gamzanon you are represe | ming. |
| | | | |
| | | | |
| | | | |
| Are you being paid for your representati | on? | | Yes No |
| | | 0 | □ sr . □ sr . |
| Are you appearing as part of your other j | paid duties for thi | s person or organization? | Yes No |
| (If you answered "no," STOP; you need question.) | i noi compiete ine | e resi oj inis jorm. 15 you d | nswerea yes, go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| | (\$00 | Back) | |
| DECICED ANT # | (Jee | Duck) | |
| REGISTRANT # | | | |

| | Total and the second se | |
|-------------|--|--|
| | - Landers | |
| | | |
| | | |
| | | |
| | | |
| | | |
| : | | |
| | *************************************** | |
| | de control | |
| | Addition and an additional and additional and additional and additional and additional additional and additional addition | |
| | and distribution | |
| | and department of the second | |
| | f experience of the second sec | |
| | Total Parket State Control of Con | |
| | Transport | |
| | no devica mojo | |
| | Ti ed Bassino | |
| | accurate in the contract of th | |
| | ladida Normora en | |
| | out control | |
| | manutario de como de c | |
| next | Adoption and the state of the s | |
| | diameter tearing | |
| | Southern | |
| | de montre manufacture de la constante de la co | |
| | Constitution of the consti | |
| | | |
| | arioga nome | |
| | dessidione | |
| next | Design to a financial control of the | |
| 11000 | Hidday San Carlot | |
| | Ter Stand of annual and | |
| | vs distributions | |
| | The Commission of the Commissi | |
| | es politica del constante del | |
| | overentelegister over trees | |
| | *** | |
| | | |
| | | |
| | | |

| A+0 370 | ui an el | lected official who is ann | earing solely o | on behalf of your | office or for | vour munic | cipality or other | |
|-------------------|--|--|------------------------------------|---|----------------------------|-----------------------|-------------------|--|
| | 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 that: | 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 lob with the City Clerk? | bying as a lobb | yist, you or your p | rincipal must | file an auth ☐ Yes | orization No | |
| | 2 | Your principal is not per with the City Clerk? | mitted to autho | orize you to lobby | unless the pr | incipal is re | egistered No | |
| | 3 | If your principal spends of period (calendar quarter), the remaining quarters of | the principal r | nust file expense s | | | | |
| (If you Office | answer at Room | ed "no" to any of the last n 103 of the City-County Bu | three questions uilding, Madiso | , please call the C n, for more inform | ity Clerk at 26 ation.) | 66-4601 or g | go to the Clerk's | |
| Date _ | | ; | Signature _ | nter also | | | | |
| | | | Print Name | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

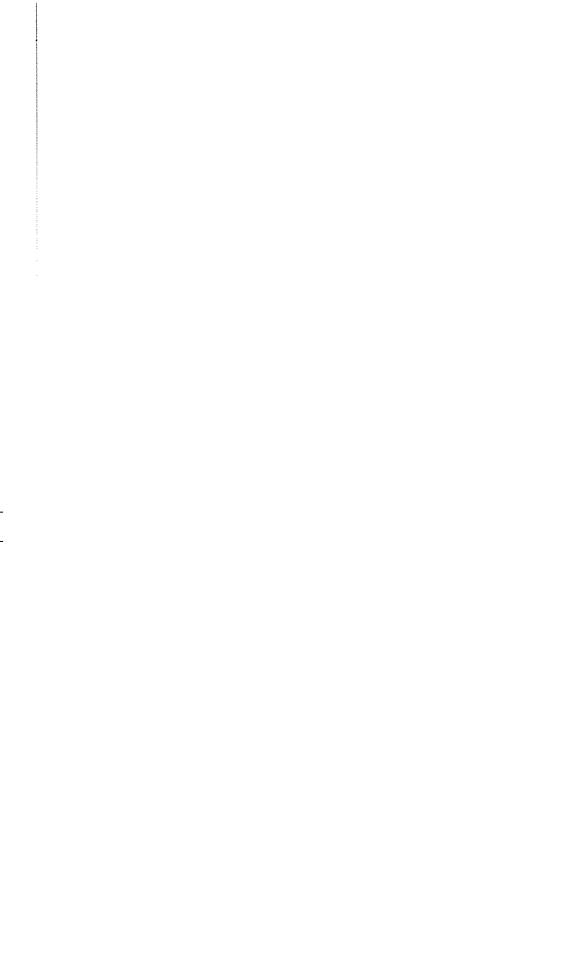


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | <u>PRINT N.</u> | <u>AME CLEARLY</u> |
|---|---------------------|-----------------------------|-----------------------------------|
| Agenda No. 29 | Nam Addi | | Jardeen Uphan St. |
| Please check the appropriate boxes: | | | , |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose | X | | |
| Neither support nor oppose | | 1 | , , |
| I wish to speak | | | |
| Available for information only | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | | | |
| Are you being paid for your representa Are you appearing as part of your othe | | is person or organization? | ☐ Yes ☐ No |
| (If you answered "no," STOP; you ne question.) | ed not complete the | e rest of this form. If you | answered "yes," go on to the next |
| Speaking Limit: | ***************** | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | • | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No | | | | |
|---|--|--|--|--|--|
| | red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.) | | | | |
| If you are being that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | |
| (If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) | | | | | |
| Date | Signature | | | | |
| | Print Name | | | | |

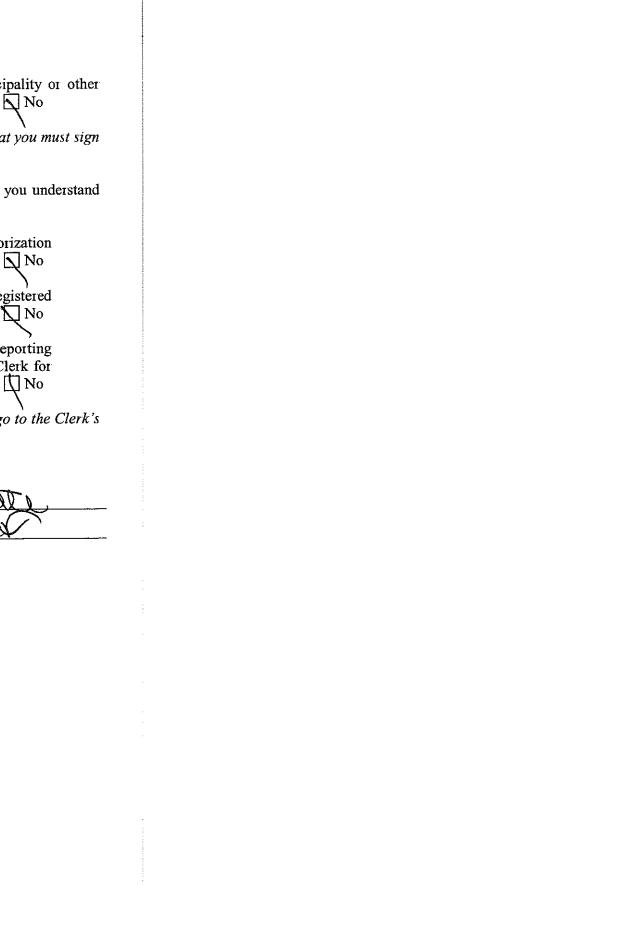


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | | ress 340 Wes | on wil 5378 |
|--|--|--|---|
| Please check the appropriate boxes: | | | |
| | 01000 | 01001 | 01005 |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Cumort | Referendum | Haldship Exchiption | Repeating shoking oan |
| Support | 1 | 1.7 | V |
| Oppose Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| ame, address and telephone number of | of each person or or | rganization you are represe | enting: |
| | | | |
| re you being paid for your representa | tion? | | ☐ Yes No |
| are you appearing as part of your other fyou answered "no," STOP; you need uestion.) | r paid duties for thi ed not complete the | s person or organization? e rest of this form. If you a | Yes No nswered "yes," go on to the next |
| peaking Limit: | ••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | ` | | |

| | ou an el nmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|--------------------|-----------------------|--|
| (If you this fo | i answer rm. If yo | red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question) |
| If you that: | are bein | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No |
| | 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? |
| | 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? |
| (If yoı Office | i answer at Roon | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) |
| Date ₋ | <u>Q-b</u> | Signature Dona Marten Print Name Dona Marten |



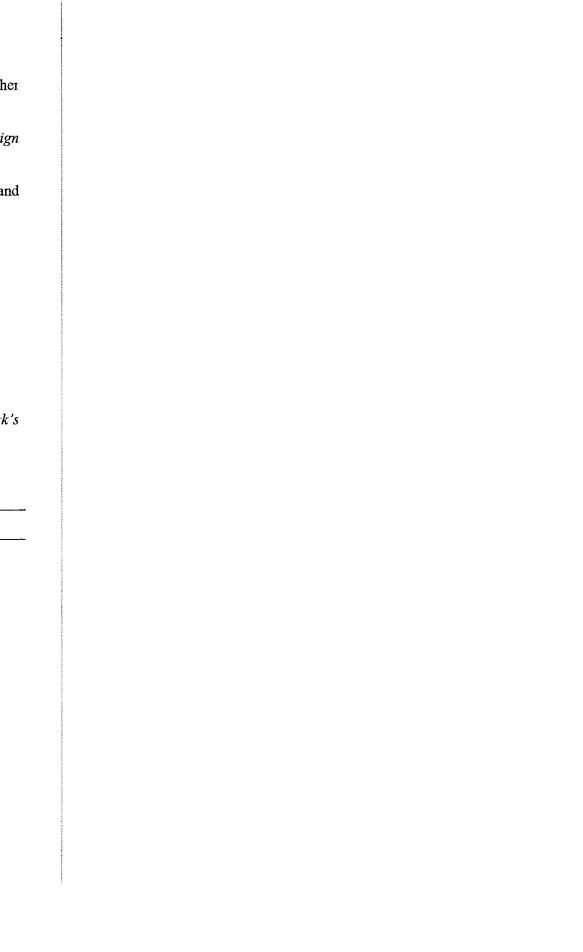
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | The same of the sa | WELDER DOWN TOWN TO 10 33703 |
|---|---|--|---|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 | |
| Oppose | | | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | <u> </u> | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | | | |
| Are you being paid for your representation | on? | | ☐ Yes 🔀 No |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question.) | paid duties for thi I not complete the | s person or organization? e rest of this form. If you a | Yes No nswered "yes," go on to the next |
| Speaking Limit: | •••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | (200 | _ ···· | |

| | Verman and a state of the state | | |
|-------------|--|--|--|
| | on university of the state of t | | |
| | and the designation of the desig | | |
| anno y | To diglacocomus promostin man | | |
| | operation from the state of the | | |
| ı | ngena kadomu cefera kadom | | |
| | vorbenorpos produces | | |
| | Warvandersonaaa 16 | | |
| e next | da kannada nagarakansa | | |
| | refitivojemi kalkaživa nito | | |
| | monopolitricis in the control of the | | |
| | nodpouveronance of the control of th | | |
| | Account of the contraction of th | | |
| e next | A regard (de service | | |
| | | | |
| | TALK STORY AND THE STORY AND T | | |
| | A CONTRACTOR OF THE CONTRACTOR | | |
| | | | |
| | | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | |
|--------------|--|---|--|--|--|
| | | ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.) | | | |
| If you that: | are bein | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | |
| | 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | | | |
| | 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | |
| | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | |
| | | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) | | | |
| Date _ | | Signature | | | |
| | | Print Name | | | |
| | | | | | |
| | | | | | |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | | |
|---|--|---|--|
| Agenda No. 29 | Nam Addı | 1 1 30000 1.1 | Giese MAN ST #408 J, WI 53703 |
| 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 | | X | |
| At this meeting are you representing an (If you answered "no," STOP; you nee question.) | organization or a and not complete the | person other than yourself e rest of this form. If you o | f: Yes No answered "yes," go on to the next |
| Name, address and telephone number o | f each person or or | rganization you are repres | enting: |
| Are you being paid for your representat | ion? | | ☐ Yes ☐ No |
| Are you appearing as part of your other (If you answered "no," STOP; you nee question.) | paid duties for thi | s person or organization? e rest of this form. If you o | Yes No No answered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| (See Back) REGISTRANT # | | | |
| | | | |

| | <u> </u> | |
|-------------|--|--|
|] | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | STOREGAL COLUMN TO THE | |
| | | |
| | | |
| | Para Carlo | |
| | and the state of t | |
| | our de | |
| | | |
| | u de Ludevolato | |
| | · | |
| | and the state of t | |
| | regionalis | |
| | | |
| | tool and | |
| | 1000 | |
| | · verman reference | |
| | e a diologia | |
| | promensité | |
| ıext | | |
| | The Associated Property of the Associated Proper | |
| | 1000 | |
| | National State of the State of | |
| | - pittueini | |
| | revenuetik | |
| | | |
| | To Antography | |
| | match | |
| | - | |
| ıext | repolitions | |
| iexi | on permittiful | |
| | e de la companya de l | |
| | | |
| | | |
| | · Commonwealth of the common o | |
| | | |
| | A title company | |
| | Sample production of the second secon | |
| | · | |
| | | |
| | | |
| | | |

| - | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No | | | | |
|---|--|--|--|--|--|
| | red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.) | | | | |
| If you are being that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | |
| (If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) | | | | | |
| Date | Signature | | | | |
| | Print Name | | | | |

| er | | | |
|-------------|--|--|--|
| gn | | | |
| | The state of the s | | |
| nd | | | |
| | The state of the s | | |
| | | | |
| | | | |
| | | | |
| | | | |
| z's | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

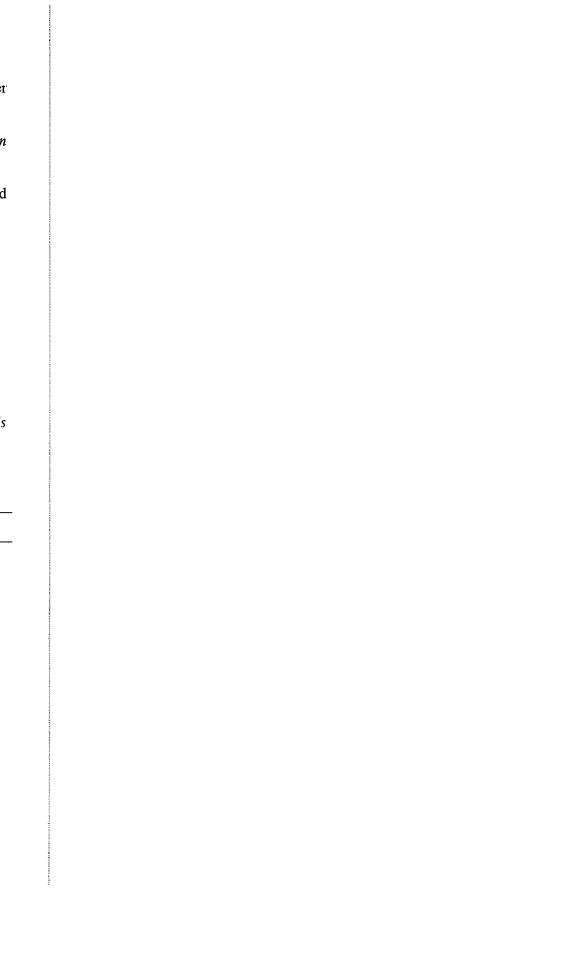
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Add | ress <u>Kalleen</u> Midison | Mortensen Hemons Ave h 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 | | | |
| (If you answered "no," STOP; you ne question.) Name, address and telephone number of | | | |
| Are you being paid for your representa | ution? | | ☐ Yes ☐ No |
| Are you appearing as part of your other (If you answered "no," STOP; you ne question) | or paid duties for the sed not complete the | is person or organization? e rest of this form. If you a | Yes No nswered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | | , | |

| <u>5</u> | |
|----------|--|
| _ | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| · | |
| | |
| | |
| | |
| | |
| | |
| . | |
| n | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| e next | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| e next | |
| | |
| | |
| | |
| | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | | |
|------------------|---|---|--|------------------|-----------------------|------------------|--|
| | | | OP. You need not complete the re tion, go on to the next question.) | est of this form | n, except the | at you must sign | |
| If you and that: | re bein | g paid for your representati | on, or if your appearance is part | of other paid | l duties, do | you understand | |
| 1 | | Before you engage in lobby with the City Clerk? | ring as a lobbyist, you or your pri | ncipal must i | ile an autho ☐ Yes | orization No | |
| 2 | | Your principal is not perm with the City Clerk? | itted to authorize you to lobby t | ınless the pri | ncipal is re | egistered No | |
| .3 | | | will owe more than \$500 for lob ne principal must file expense sta e calendar year? | | | | |
| | | | ree questions, please call the City ding, Madison, for more informat | | 6-4601 or g | to the Clerk's | |
| Date | | Si | gnature | | | | |
| | | Pr | int Name | ¥4. | | | |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY Name Agenda No. Please check the appropriate boxes: 01985 01881 01880 Repealing smoking ban Hardship Exemption Referendum Support Oppose Neither support nor oppose I wish to speak Available for information only Yes At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question) Name, address and telephone number of each person or organization you are representing: ☐ Yes No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Speaking Limit:4 minutes (See Back) REGISTRANT

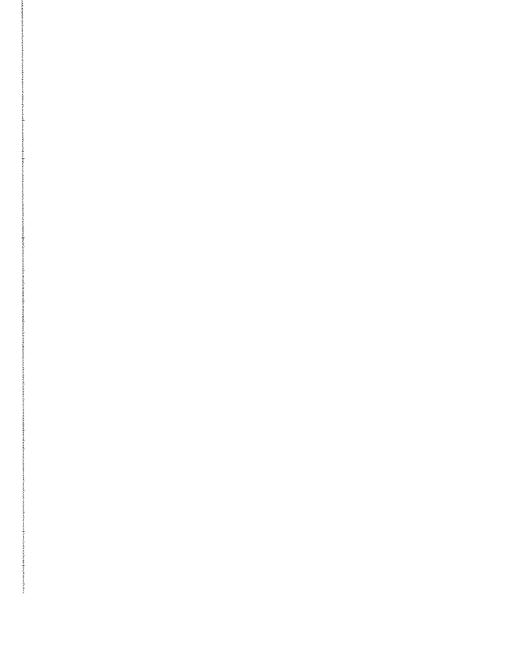
| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No | | | | |
|---------------------|--|--|--|--|--|
| | red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.) | | | | |
| If you are beithat: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | |
| | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information.) | | | | |
| | | | | | |
| Date | Signature | | | | |
| | Print Name | | | | |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addr | ess 1918 E. U MADISON | |
|---|--|--|---|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose | | X | |
| Neither support nor oppose | | | |
| I wish to speak Available for information only | | | |
| (If you answered "no," STOP; you need question) Name, address and telephone number of | | | |
| Are you being paid for your representati | on? | | ☐ Yes ☐ No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question) | paid duties for thi d not complete the | s person or organization? e rest of this form. If you o | Yes No No Inswered "yes," go on to the next |
| Speaking Limit: | •••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | (200) | , | |



| Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No | | | | | |
|---|--|--|--|--|--|
| | red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.) | | | | |
| If you are beithat: | ing paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No | | | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | |
| (If you answe Office at Room | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information) | | | | |
| Date | Signature | | | | |
| | Print Name | | | | |

| ier | | | | |
|-----|---|--|--|--|
| gn | | | | |
| nd | : | | | |
| | | | | |
| | | | | |
| | | | | |
| k's | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

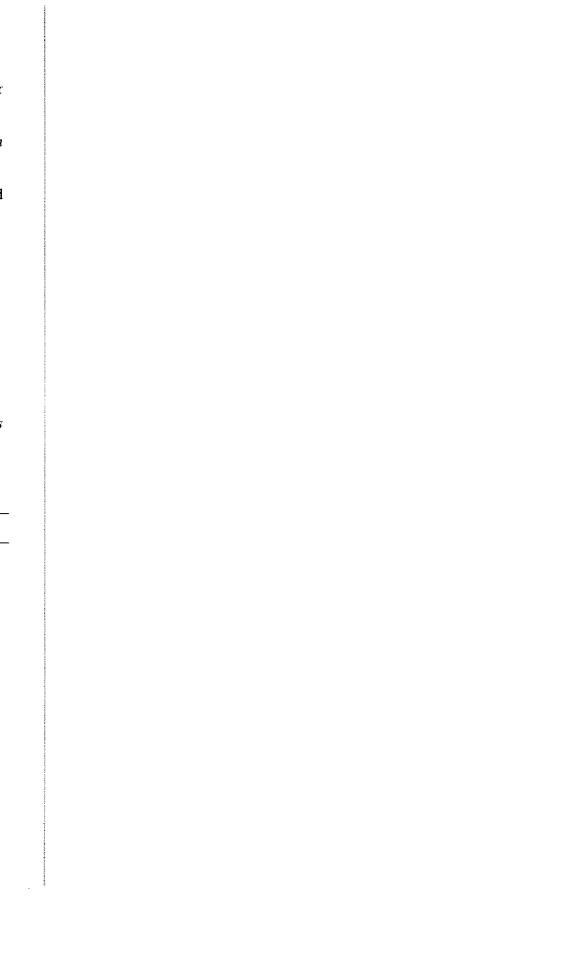
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addı | | 10 14 105 en 10 be (1 St WI S 3711 |
|---|-------------------------|---|---|
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | 1 | | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| / Available for information only | | | |
| question.) | | n" | inswered "yes," go on to the next |
| Name, address and telephone number of (| each person or or | ganization you are represe | enting: |
| Name, address and telephone number of of Friends Preschool | 1 hon | ganization you are represe -profest at ho. | enting: ne morn group. Luciustus have. |
| Name, address and telephone number of of Friends Preschool | Health No Child with | ganization you are represe -profest at ho. | enting: ne morn group. Luciustus have. |
| Name, address and telephone number of of Friends Preschoel Self - Former Public asthma and a | Health Non? | ganization you are represedult of the first at how we will be the first and Athlete of the first and I was a sperson or organization? | Euriently have Currently have Would eniby going; |
| Name, address and telephone number of a Friends Preschool Self - Former Piblic Astronom and a self a Are you being paid for your representation Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | Health None | ganization you are represedult of the first at how we will be the first and Athlete of the first and I was a sperson or organization? | Euriently have Currently have Would eniby going; |

| | The second of th | | |
|---------------|--|--|--|
| | ikigannanavanish kira-mikirang | | |
| - | ripe to Annature & extend of the New York | | |
| | | | |
| | The state of the s | | |
| ct. | | | |
| - - - | man popularity and the state of | | |
| | | | |
| see | | | |
| | | | |

| | ou an el mental l | ected official who is appearing solely on behalf of your office or for your municipality or other body? | | | | |
|-------------------|----------------------|--|--|--|--|--|
| | | ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.) | | | | |
| If you that: | are bein | g paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | |
| | 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | |
| | 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | |
| | 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | |
| (If you Office | answere at Room | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) | | | | |
| Date _ | | Signature | | | | |
| | | Print Name | | | | |
| | | | | | | |



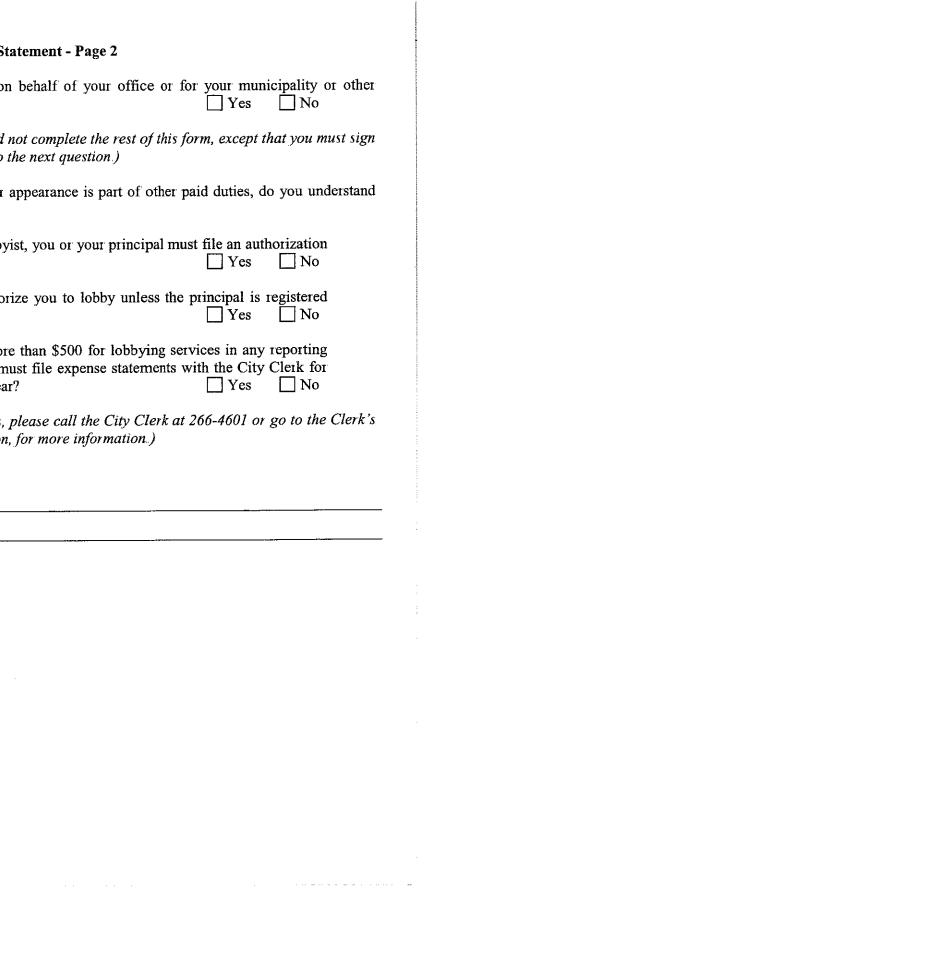
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addr | | WIE 33703 |
|--|---------------------|------------------------------|--|
| Please check the appropriate boxes: | | | |
| Support Oppose | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Neither support nor oppose I wish to speak Available for information only | | | |
| At this meeting are you representing an o (If you answered "no," STOP; you need question) Name, address and telephone number of e | not complete the | rest of this form. If you ar | nswered "yes," go on to the next |
| Are you being paid for your representation | n? | | Yes No |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | | | Yes No No nswered "yes," go on to the next |
| Speaking Limit: | •••••• | 4 minutes | |
| REGISTRANT # | (See | Back) | |

| t | | | |
|--|--|--|--|
| Tre control of the co | | | |
| To primary to company to the primary | | | |
| ta a a a a a a a a a a a a a a a a a a | | | |
| List w open confidence of the | | | |
| vozdova norozanaljeve fraidave | | | |
| NATESTANA | | | |
| | | | |

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



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | _ | | |
|--|--|--|--|
| | Nam- | e Elizabeth | n Sanger |
| Agenda No. 29 | Addı | ess 143 w.Gil | man \$ +100 |
| | | Medison, | nan 3. +100 w1 53703 |
| | | | |
| Please check the appropriate boxes: | | | |
| | 01000 | 01881 | 01985 |
| | 01880 Referendum | Hardship Exemption | Repealing smoking ban |
| Support | Referendum | Hardship Exemption | Repeating shoking ban |
| Oppose | * | × | * |
| Neither support nor oppose | / | | |
| I wish to speak | | | |
| Available for information only | | | |
| At this meeting are you representing an o | 1 8 5 M | OKE-FREE MARKS OF | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of | | | |
| Are you being paid for your representation | | | ☐ Yes No |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | paid duties for this not complete the | s person or organization? erest of this form. If you ar | Yes Nonswered "yes," go on to the next |
| Speaking Limit: | | 1 minutes | |
| | •••••• | immutes | |
| | | Back) | |

| Are yo | | lected official who is appearing solely on behalf of your office or for your municipality or other body? |
|---------------------|-------------------|--|
| | | red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question) |
| If you a that: | are beir | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No |
| | 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No |
| | 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? |
| (If you Office d | answer it Room | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) |
| Date _ | | Signature |
| | | Print Name |



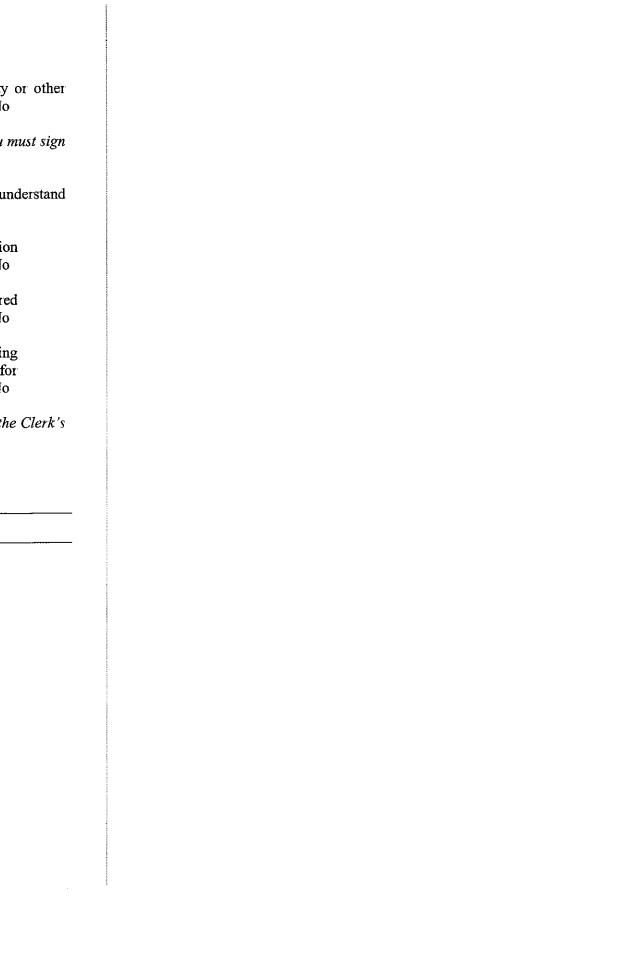
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e Joan BRAW | | | | | |
|---|---|---|--|--|--|--|--|
| Agenda No. 29 | Δdd | Address Tha Schiller Ct. | | | | | |
| | 7 IGU | Address 702 Schiller Ct. Madison WI53704 | | | | | |
| | | $\underline{-100,50}$ | W1.53 | | | | |
| Please check the appropriate boxes: | | | | | | | |
| | | 1 | | | | | |
| | 01880 | 01881 | 01985 | | | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | | | |
| Support | | | | | | | |
| Oppose | <u> </u> | <u> </u> | X | | | | |
| Neither support nor oppose | | | | | | | |
| I wish to speak | | | | | | | |
| Available for information only | | | | | | | |
| Name, address and telephone number of | of each person or o | rganization you are represe | enting: | | | | |
| Are you being paid for your representa | tion? | | ☐ Yes 🔀 No | | | | |
| Are you appearing as part of your othe (If you answered "no," STOP; you ne question.) | r paid duties for the ed not complete th | is person or organization? e rest of this form. If you a | Yes No Inswered "yes," go on to the next | | | | |
| Speaking Limit: | | 4 minutes | · | | | | |
| | (See | Back) | | | | | |
| REGISTRANT # | ` | • | | | | | |
| | | | | | | | |

| Assertant and appropriate terms described in our set size all the all terms and assert terms are assert terms and assert terms and assert terms are assert terms and assert terms and assert terms are assert terms and assert terms and assert terms are assert terms and assert terms and assert terms are assert terms and assert terms are assert terms and assert terms are asserted terms and assert terms are asserted terms and asserted terms are asserted terms and asserted terms are asserted terms and astructure and asserted terms are asserted terms and asserted terms | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | ou an e nmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|-----------------|--------------------|--|
| | | red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.) |
| If you that: | are bei | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No |
| | 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? |
| | 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? |
| | | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information.) |
| Date _ | 900 | Signature Sour Braune Print Name Joan BRAUNE |
| | | |



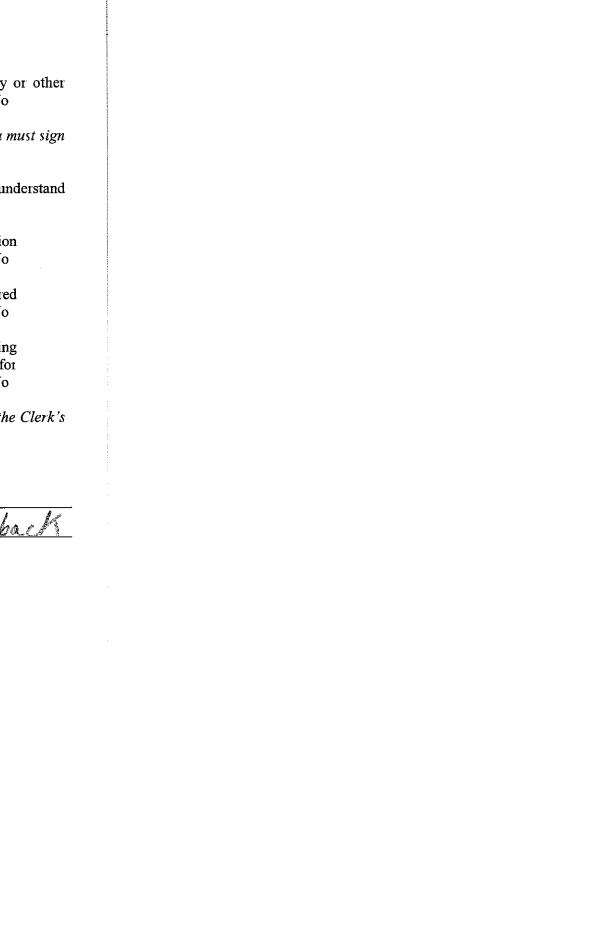
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e Chris, J | aimie + Isabella Hollenbach |
|---|--|---|--|
| Agenda No. 29 | Addı | ress | Hollenback |
| | | 1176 De | bra Lane W/ 53704 |
| | | Madison. | W1 53704 |
| Please check the appropriate boxes: | | 7 | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | T(OIOIOIIGGIII | | |
| Oppose | Wittellia | Marion | MARTIRE |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | <u> </u> | | |
| Name, address and telephone number | of each person or o | rganization you are repres | senting: |
| Are you being paid for your represent | ation? | | Yes No |
| Are you appearing as part of your othe (If you answered "no," STOP; you no question.) | er paid duties for the eed not complete the | is person or organization? e rest of this form. If you | Yes No answered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | (| , | |
| THOUGHT !! | - | | |

| | manufacture of the supplications of | | |
|-------|---|--|--|
| | OOA B FATTER AND | | |
| | | | |
| | | | |
| | A variable of the state of the | | |
| | | | |
| | | | |
| | : : | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| next | | | |
| rieni | | | |
| | | | |
| · | | | |
| | | | |
| | | | |
| next | | | |
| ,,,,, | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| - | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other overnmental body? | | | | | | | |
|--------------------|--|---|------------------------------|----------------------|-------------------|--|--|--|
| | vered "yes" to the question, you answered "no" to the o | | | this form, except th | aat you must sign | | | |
| If you are b that: | peing paid for your represer | ntation, or if yo | our appearance is part of or | ther paid duties, do | you understand | | | |
| 1 | Before you engage in lowith the City Clerk? | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | | | |
| 2. | Your principal is not p with the City Clerk? | 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? | | | | | | | |
| | vered "no" to any of the las com 103 of the City-County I | | | | go to the Clerk's | | | |
| Date | 1-20-05 | Signature Print Name | Christopy | er Hol | len back | | | |



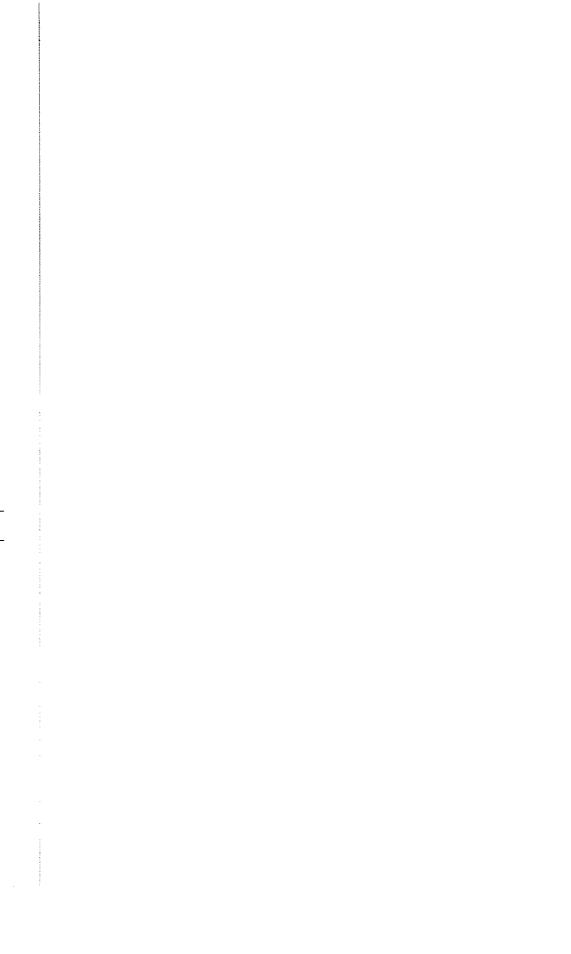
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e <u>Judy 5</u> ress 626 Orc | Kog | |
|---|------------|------------------------------|-----------------------|--|
| Agenda No. 29 | Addı | ress 626 Ore | hard Dr. | |
| | | Modison | WI 53711 | |
| | | Magison | , WL 35+11 | |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | | |
| Oppose | × | | \times | |
| Neither support nor oppose | | X | | |
| I wish to speak | | | | |
| Available for information only | | | | |
| (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 | on? | | ☐ Yes ☐ No | |
| Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) | | | | |
| Speaking Limit: | | 4 minutes | | |
| (See Back) | | | | |
| REGISTRANT # | (330 | , | | |

| | Accessor or processor or proces | | |
|-------------|--|--|--|
| <u> </u> | ANALISA PARAMANANAN PARAMANAN PARAMA | | |
| | ekarinna satu kerradakan di menerbakan da | | |
| | we kind for and a more delan of profession o | | |
| ext | nos de materiales de la constante de materiales de materia | | |
| | voluntus proventata en esta de constanta de la | | |
| | A.S. of principles contributed and designation contributed contrib | | |
| ext | Processor and the second secon | | |
| | | | |
| | Seature process containing | | |
| | | | |

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



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e Ryan Sh | eahan |
|--|--|---|--|
| Agenda No. 29 | Addı | ress 226 RAN | eahan 100 cpelol |
| | | | W7 53717 |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | | | |
| Neither support nor oppose | | | |
| I wish to speak | 177 | | |
| Available for information only | | <u> </u> | |
| Name, address and telephone number of TOBACCO - FRE | E DANE C | rganization you are represe るいがく COALITION | <i>J</i> |
| Are you being paid for your representa | tion? | | ☐ Yes ☐ No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | r paid duties for thi ed not complete the | is person or organization? e rest of this form. If you a | Yes No nswered "yes," go on to the nex |
| Speaking Limit: | | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | | | |

| | : : : | | |
|-------------|-------------|--|--|
| | | | |
| | | | |
| | | | |
| | • | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| next | | | |
| пелі | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| next | | | |
| пелі | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | · · | g | | |
|--|--------|--|-----------------------------------|--|--|
| | | elected official who is appearing sold lbody? | ely on behalf of your office or | for your municipality or other Yes No | |
| | | ered "yes" to the question, STOP . You you answered "no" to the question, go o | | form, except that you must sign | |
| If you that: | are be | eing paid for your representation, or if | your appearance is part of other | paid duties, do you understand | |
| | 1 | Before you engage in lobbying as a with the City Clerk? | lobbyist, you or your principal m | ust file an authorization Yes No | |
| | 2. | Your principal is not permitted to a with the City Clerk? | uthorize you to lobby unless the | e principal is registered Yes No | |
| If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | |
| | | ered "no" to any of the last three quest om 103 of the City-County Building, Ma | | t 266-4601 or go to the Clerk's | |
| Date _ | | Signature | | | |
| | | Print Name | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| · · | | | |
|-----|--|--|--|
| | | | |

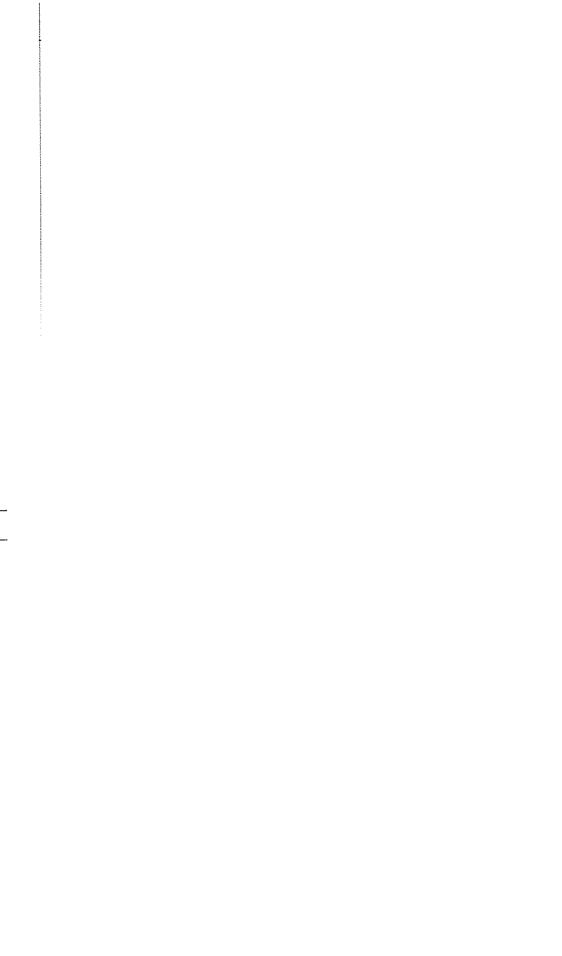
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addı | | whock now Rd. #4 hson, WI 53 TH |
|---|--|---|--|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | * |
| Oppose | | | |
| Neither support nor oppose | | | <u> </u> |
| I wish to speak | | | AND THE PROPERTY OF THE PROPER |
| Available for information only | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of a | | | |
| Are you being paid for your representation | on? | | Yes No |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question) | aid duties for thi not complete the | s person or organization? erest of this form. If you a | Yes No nswered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | (200 | , | |

| | northway part and northway par | | |
|-------------|--|--|--|
| | | | |
| | | | |
| | AND THE AND TH | | |
| | WOODD POPPER PROPERTY AND A FEBRUARY | | |
| 119 | di profesionale de la constancia de la c | | |
| <i>!F</i> / | ę popypra na nazazowa da da na | | |
| | man de proposa de april na vergo | | |
| | The programme of the District State of the S | | |
| | en et europische Antonio Victoria manaier | | |
| | man van kola Bovanova kola deka da ka | | |
| next | riga mi kopumen kidopumik di dana kanapa | | |
| | aki do da mai, kitira Bakkiya wakisa | | |
| | erskide egypteriologisk sammelys | | |
| | davellaaminteendekseetjis [A | | |
| next | addita i Bat t-Kerventzeladolaren | | |
| | The second secon | | |
| | akookkonopiikk killa danoone | | |
| | ************************************** | | |
| | | | |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or othe governmental body? | | | |
|--|--|--|--|
| red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question) | | | |
| ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | |
| Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | | | |
| Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No | | | |
| If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | |
| red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information) | | | |
| Signature Print Name | | | |
| | | | |

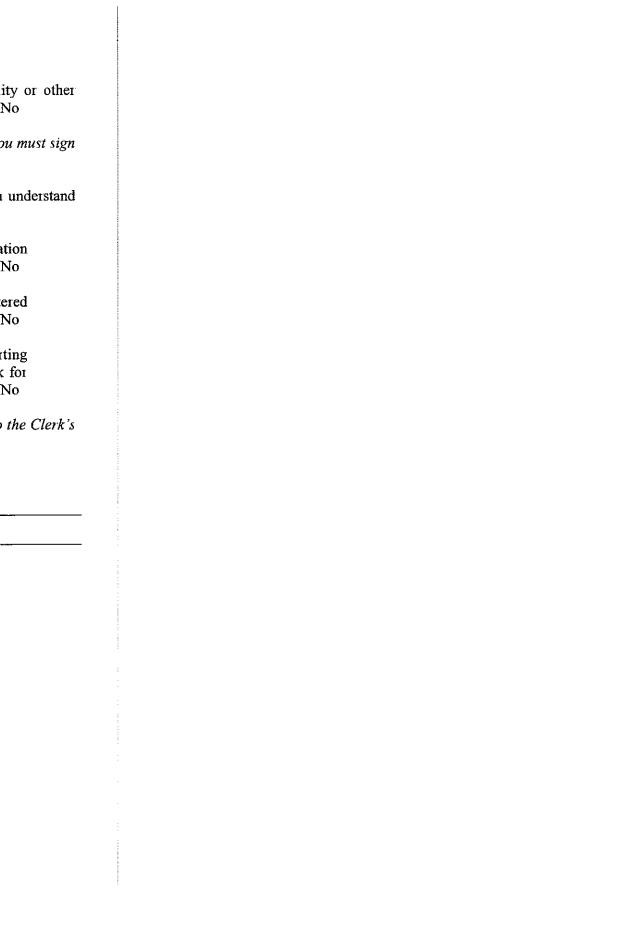


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | tess 2112 E Mai | raud |
|--|---|--|---|
| Agenda No. 29 | Add | | |
| | | Madison, 1 | NI 53704 |
| | | , | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| Experience | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | X | <u> </u> |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| | ed not complete the | person other than yourself: e rest of this form. If you ar | ☐ Yes No nswered "yes," go on to the ne. |
| question.) Name, address and telephone number of | ed not complete the | e rest of this form. If you a | nswered "yes," go on to the ne |
| (If you answered "no," STOP; you ne question.) Name, address and telephone number of the control of the contro | ed not complete the of each person or o ution? | rest of this form. If you are represe are rest of this form are represe is person or organization? | nswered "yes," go on to the nex |
| Are you appearing as part of your othe (If you answered "no," STOP; you ne | ed not complete the of each person or or ution? The paid duties for the ed not complete the | rest of this form. If you are represe rest of this form. If you are rest of this form. If you are | nswered "yes," go on to the nex |
| Name, address and telephone number of the second se | ed not complete the of each person or or ution? or paid duties for the ed not complete the | rest of this form. If you are represe rest of this form. If you are rest of this form. If you are | nswered "yes," go on to the nex |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No | | |
|----------------------------------|--|--|--|
| | red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question) | | |
| If you are being that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | |
| (If you answer Office at Roon | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) | | |
| Date 9/20 | Print Name Wanty T. Michaud | | |



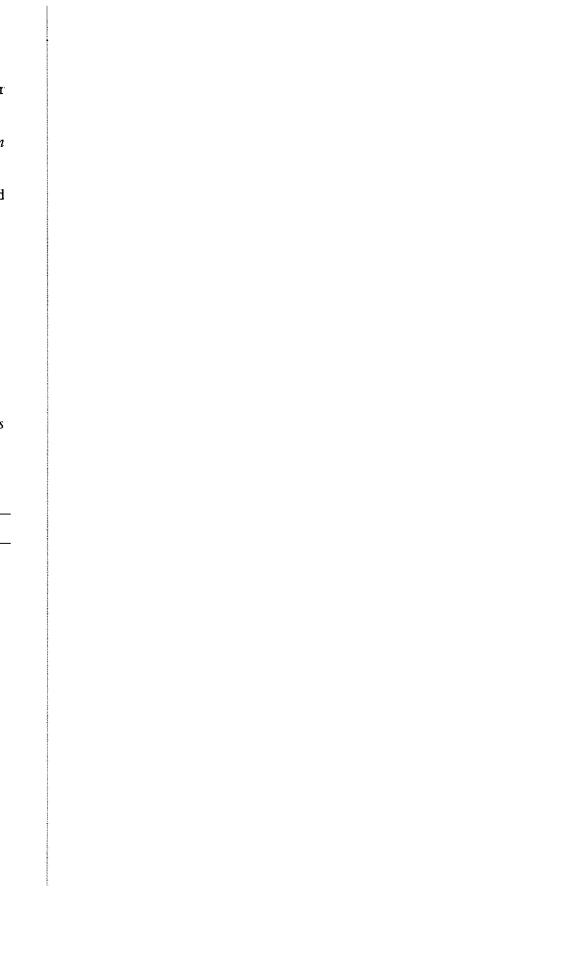
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | PRINT N | AME CLEARLY |
|---|--|--|--|
| | Nam | e NORMAN | STOCKWELC |
| Agenda No. 29 | Addı | ess 40 1 Eli | nsale Blud |
| | | Maden | , ul 53704 |
| Please check the appropriate boxes: | | | |
| Trease encor the appropriate cones. | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | X | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| At this meeting are you representing ar (If you answered "no," STOP; you need question.) Name, address and telephone number of | ed not complete the | e rest of this form. If you | answered "yes," go on to the next |
| Are you being paid for your representa | ition? | | ☐ Yes ☐ No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | r paid duties for thi ed not complete the | s person or organization? e rest of this form. If you | Yes No answered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| | (See | Back) | |
| REGISTRANT# | () | , | |

| į | |
|---|--|
| ı | |
| i | |
| i | |
| Ì | |
| | |
| | |
| | |
| | |
| | |
| ì | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | 12 7 1 | Meyen - Count |
|--|---------------------|-----------------------------|---|
| 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 | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of e | | | |
| Are you being paid for your representation | n? | | ☐ Yes ☐ No |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | | | Yes No nswered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| REGISTRANT # | (See | Back) | |

| THE CONTRACT OF THE PROPERTY O | | | |
|--|--|--|--|
| HECKNERS ACTION DAY AND WARE A CHIMALIA | | | |
| REMORA V PERSONA PORTINA NE PORTUP PER PORTUPAR. | | | |
| Legisjanjungspringer jampor gegen in de skippe | | | |
| HABBB KÖYEY AKKINE KANDANIANI | | | |
| ek euwert Verschiede Sprangelied Georgieb, de ausgeg | | | |
| my in not the control of the control | | | |
| \$\$A\$ fill this 3 s money Edward for each bear expenses on | | | |
| - Partirescopy processing and an analysis and | | | |
| dadoh vidigat orsevir pedaaarrediaa a | | | |
| andikar nebisin remostratub-nasanni | | | |
| kelibiri (Pa) pina usaasin icigo: | | | |
| | | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | |
|-------------------|---|--|--|--|
| | | ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.) | | |
| If you that: | are bein | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | |
| | 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | | |
| | 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | |
| | 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | |
| (If you Office | answer at Room | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) | | |
| Date _ | 9/2 | Signature Stock / Meyer Print Name Storia K. Meyer | | |

| llity or other No | AND | | |
|--|---|--|--|
| ou must sign | | | |
| u understand | | | |
| ration No | | | |
| stered No | | | |
| orting k for No | | | |
| to the Clerk's | | | |
| | | | |
| The Delivery of the Control of the C | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addr | | a son Shington Av #603 11 33763 | | | |
|--|---------------------|-----------------------------|---------------------------------------|--|--|--|
| 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 | | | | | | |
| (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 | on? | | ☐ Yes No | | | |
| Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) | | | | | | |
| Speaking Limit: | *************** | 4 minutes | | | | |
| | (See | Back) | | | | |
| REGISTRANT # | ` | - | | | | |

| _ | TARIA IIII ARANA NI TORONTO NI TARIA NI | | |
|-------------|--|--|--|
| | di maja da Aprazazzona, da jara egalangsa mengada permanangan menangga da maja da da maja da da maja da da maj | | |
| ct | na kanalana | | |
| - - - | | | |
| ct | NO CONTRACTOR DE LA CALLANTA DE LA C | | |
| | | | |
| | e Angelonia de Ang | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes XNo | | | | | | |
|---|--|--|--------------------------|------------------------|--------------|-------------------|--|
| | | red "yes" to the question, STO ou answered "no" to the quest | | | m, except ti | hat you must sign | |
| If you that: | are bei | ing paid for your representatio | n, or if your appearanc | e is part of other pai | d duties, do | you understand | |
| | 1 | Before you engage in lobbyi with the City Clerk? | ng as a lobbyist, you or | your principal must | file an auth | orization No | |
| | 2. | Your principal is not permit with the City Clerk? | ted to authorize you to | o lobby unless the pr | incipal is i | registered No | |
| | 3. | If your principal spends or verified (calendar quarter), the the remaining quarters of the | e principal must file ex | | | | |
| (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 _ | | Sig | nature | × | | ··· | |
| | | Prin | nt Name | | | | |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Add | Name Amanda Fick Address 28 Sherman Terrau #5 Madison, WI 53704 | | | | |
|--|--------------------------|---|---|--|--|--|
| Please check the appropriate boxes: | | | | | | |
| | 01880 Referendum | | | | | |
| Support Oppose Neither support nor oppose | X | X | X | | | |
| I wish to speak Available for information of | | | | | | |
| At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing: | | | | | | |
| | | | | | | |
| Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) | | | | | | |
| Speaking Limit: | Speaking Limit:4 minutes | | | | | |
| (See Back) REGISTRANT # | | | | | | |

| t | | | |
|--------|--|--|--|
| - - | | | |
| t | | | |
| | | | |
| | | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | | |
|---|--|--|--|--|--|--|--|
| | (If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) | | | | | | |
| If you are being that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | | |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | | | |
| 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | | | |
| 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | | |
| (If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) | | | | | | | |
| Date | Signature | | | | | | |
| | Print Name | | | | | | |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e Thoma | es Reed | | |
|---|------------|--------------------|-----------------------|--|--|
| Agenda No. 29 | Addı | ress 400/ | Hiawatha Da | | |
| | | maa | lacon 53711 | | |
| | | | | | |
| Please check the appropriate boxes: | | | | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | | | | |
| Oppose | X | × | <u> </u> | | |
| Neither support nor oppose | | | | | |
| I wish to speak | | | | | |
| Available for information only | | | | | |
| Name, address and telephone number of each person or organization you are representing: | | | | | |
| Are you being paid for your representation? | | | | | |
| Are you appearing as part of your other paid duties for this person or organization? Yes 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 # | | | | | |

| _ | | | |
|-------------|--|--|--|
| | | | |
| | | | |
| | | | |
| rt . | more distribution and the contract results of the cont | | |
| - - - | wynydda e gymradaid ffioliol y can a annw Angodhadon | | |
| rt . | | | |
| | | | |
| · | operation: | | |

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

| 24000 | | | | |
|--|--|--|--|--|
| | | | | |
| e de la companya de l | | | | |
| S Documents | | | | |
| | | | | |
| | | | | |
| | m de la companya de l | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| - | | | | |
| _ | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Name <u>Caleb Pourchot</u> Address <u>406 SHEARWATER</u> ST. MADSON, WI S3714 | | | | | |
|---|--|---|--|--|--|--|
| Please check the appropriate boxes: | | | | | | |
| S | 01880 Referendum | | | | | |
| Support | × | × | | | | |
| Oppose Neither support nor oppose | | | | | | |
| I wish to speak | | | | | | |
| Available for information only | | | | | | |
| Name, address and telephone number of each person or organization you are representing: | | | | | | |
| Are you being paid for your representation? | | | | | | |
| Are you appearing as part of your other paid duties for this person or organization? Yes 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: | Speaking Limit:4 minutes | | | | | |
| (See Back) REGISTRANT # | | | | | | |

| e de la companya de l | | | |
|--|--|--|--|
| | | | |
| 3 | | | |

| • | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No | | | | | | |
|----------------------|--|--|--|--|--|--|--|
| | red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question) | | | | | | |
| If you are beinthat: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | | |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No | | | | | | |
| 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | | |
| | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) | | | | | | |
| Date | Signature | | | | | | |
| | Print Name | | | | | | |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Add | -11 (10= | Baker Mer Ave. W 53-711 | |
|--|---------------------|-----------------------------|--------------------------------|--|
| 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 | | | | |
| (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 MADISM CMIAYEN MISCUM, 100 STORE WOOD, WILLIAM STORES AND STO | | | | |
| Are you being paid for your representa | ation? | | ☐ 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 # | | | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | |
|---------------------|--|--|--|--|--|--|
| | ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) | | | | | |
| If you are be that: | eing paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | |
| | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) | | | | | |
| Date Self | W-20, 2005 Signature Rrenda Balev Print Name Brenda Balev | | | | | |

| _ | Samoo a company | | |
|--------------|--|--|--|
| ity or other | | | |
| No | | | |
| u must sign | | | |
| a must sign | The state of the s | | |
| | | | |
| understand | | | |
| | | | |
| | | | |
| tion | | | |
| No | | | |
| ered | | | |
| No | | | |
| | : | | |
| ting for | | | |
| for | | | |
| No | | | |
| the Clerk's | | | |
| the Clerk's | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

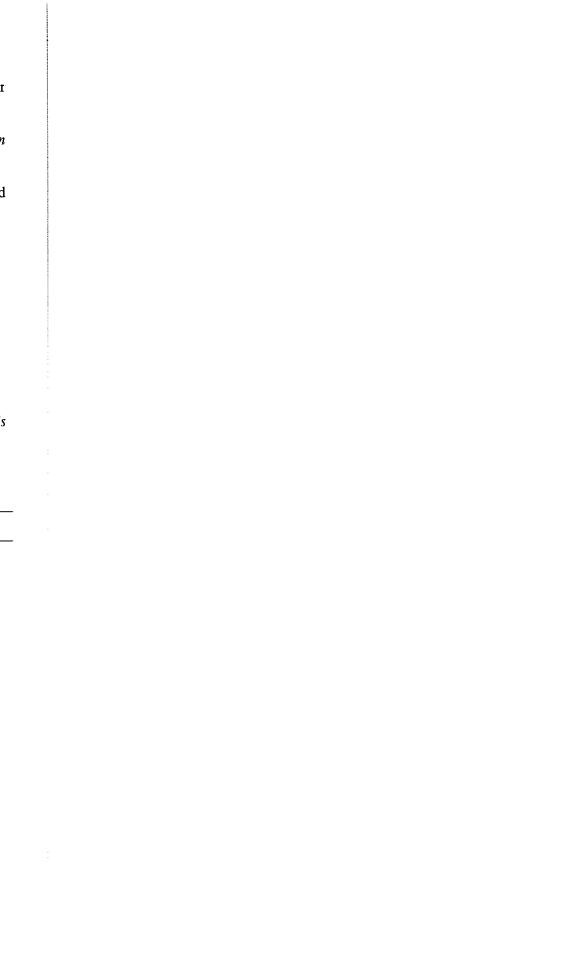
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | 9 | Nam Addr | | HUA CIR ANDERWAAL ANDERWAAL | |
|---|-------------------------|---------------------|-----------------------------|-----------------------------------|--|
| Please check the app | propriate boxes: | | | | |
| | | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban | |
| Support | | | , | | |
| Oppose | | | | | |
| Neither support r | or oppose | | | | |
| I wish to speak | | | | | |
| Available for info | ormation only | | | | |
| Name, address and telephone number of each person or organization you are representing: | | | | | |
| Are you being paid: | for your representation | n? | | ☐ Yes X 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 # | | | | | |

| a fact and district and de | |
|--|--|
| in fortunation and the | |
| owners of Artificial | |
| manufacture of the second | |
| and or bendered woman | |
| D. Olivery and A. Contraction of the Contraction of | |
| - Common San School | |
| Anthenning | |
| (Antonial chains) | |
| of sold building | |
| open and result that | |
| - Acres Breaken | |
| or an annual line | |
| - Company | |
| or College of Street, or other Persons o | |
| Against season | |
| | |
| | |
| and Mindle and an | |
| de de comply avenue de | |
| | |
| oration some hore | |
| - Constitution | |
| and the same | |
| International | |
| - Contraction | |
| And and an included the | |
| Andrew Control | |
| | |
| | |
| 1 | |
| A CONTRACTOR OF THE PERSON NAMED IN | |
| | |
| | |
| | |
| | |
| | |

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



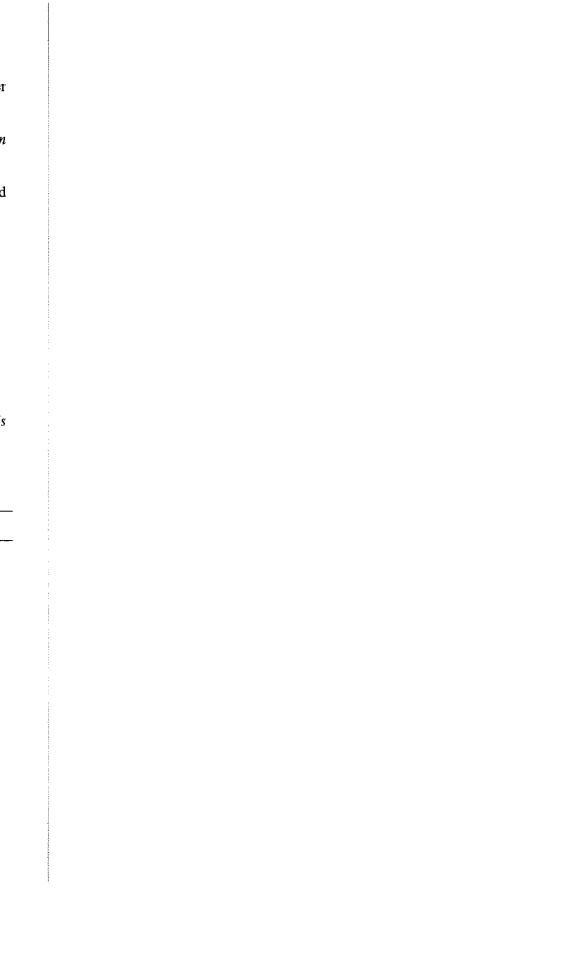
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e JANERA | ınic |
|---|---|---|--|
| Agenda No. 29 | 9 | | |
| Agenda 110. | Addi | 1988 11 L/110- | 51NG ST WI 53714 |
| | | I/IHD/SON | ω_1 $s_2 n_1$ |
| Please check the appropriate boxes: | | | |
| rease check the appropriate boxes. | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | <u> </u> | X | X |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| Name, address and telephone number | of each person or or | ganization you are repres | enting: |
| Are you being paid for your representa | ation? | | ☐ Yes ☐ No |
| Are you appearing as part of your other (If you answered "no," STOP; you nequestion.) | or paid duties for thinged not complete the | s person or organization? erest of this form. If you o | Yes No answered "yes," go on to the next |
| | | | |
| Speaking Limit: | *************************************** | 4 minutes | |
| Speaking Limit: | | 4 minutes Back) | |

| ana doba a delega A Adelesa AAV Aporto, do Opisio e so se se se se se se se | | | | |
|---|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | manufacture professional and the second professional and t | | | |
| | and to observe a contract of the design of the contract of the | | | |
| | | | | |
| | | | | |
| : | was discourance by productions and the state of the state | | | |
| | | | | |
| | modulation-reserved to the second | | | |
| | | | | |
| | 97% | | | |
| | 14-billing activities. | | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|
| | red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question) | | | | | | |
| If you are bei that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | | |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | | | |
| 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | | |
| (If you answer Office at Roon | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information.) | | | | | | |
| Date | Signature | | | | | | |
| | Print Name | | | | | | |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | e <u>Vori Nit</u> | |
|--|--|--|--|
| Agenda No. 29 | Addı | 2 | rmina St. |
| | | Madism | W/ 53714 |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | <u> </u> | X |
| Neither support not oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| If you answered "no," STOP; you ne | n organization or a sed not complete the | person other than yourself: e rest of this form. If you ar | Yes No nswered "yes," go on to the nex |
| If you answered "no," STOP; you ne question.) | eed not complete th | e rest of this form. If you ar | nswered "yes," go on to the nex |
| (If you answered "no," STOP; you nequestion.) Name, address and telephone number | eed not complete the | e rest of this form. If you ar | nswered "yes," go on to the nex |
| (If you answered "no," STOP; you need question.) Name, address and telephone number Are you being paid for your representate you appearing as part of your other (If you answered "no," STOP; you not the property of the pr | of each person or of each pers | rest of this form. If you are represe is person or organization? | nswered "yes," go on to the nex |
| At this meeting are you representing a (If you answered "no," STOP; you need question.) Name, address and telephone number Are you being paid for your represents. Are you appearing as part of your other (If you answered "no," STOP; you need question.) Speaking Limit: | of each person or of each pers | rest of this form. If you are represe is person or organization? e rest of this form. If you are | nswered "yes," go on to the next |
| (If you answered "no," STOP; you need question.) Name, address and telephone number Are you being paid for your representation. Are you appearing as part of your other (If you answered "no," STOP; you need question.) | of each person or or each person or each person or complete the each not complete the | rest of this form. If you are represe is person or organization? e rest of this form. If you are | nswered "yes," go on to the next |

| | A NUMBER OF STREET | | |
|-------------|--|--|--|
| | | | |
| | | | |
| | A de la partition partition de la faction de | | |
| | Niedował rozden Mikrol | | |
| | november for convenient | | |
| | Controller very controller. | | |
| \neg | A Proprieta Communication of the Communication of t | | |
| | PRESIDENT PROPERTY. | | |
| | digital managata da | | |
| | with the control of t | | |
| | easan enoughcommovide | | |
| ext | and transformer agency | | |
| | red Amonovida provide from the form | | |
| _ | and design of the second processing of the sec | | |
| | ************************************** | | |
| | A CATALON AND AND AND AND AND AND AND AND AND AN | | |
| ext | one and the second of the seco | | |
| | Name Bill de de la constanción | | |
| | A recovered to the first to the | | |
| | - directory of the state of the | | |
| | Philodennical Physics (Philodennical Physics) | | |
| | | | |
| | | | |

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

| | | | |
|------------------|---|--|--|
| | VIII AANSAANA AANSAANA | | |
| ट्र ा | remarks a construction of the construction of | | |
| n | | | |
| | | | |
| đ | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 's | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Name Alfred Matano Address 3745 Ross St. Machison W 53705 | | | |
|---|--|-----------------------------|--------------------------------|--|
| Please check the appropriate boxes: | | | | |
| Commont | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban | |
| Support | × | > 6 | | |
| Oppose Neither support nor oppose | | × | | |
| I wish to speak | | | | |
| Available for information only | 70170 | | | |
| Name, address and telephone number of e | each person or or | ganization you are represe | enting: | |
| Are you being paid for your representatio | n? | | ☐ Yes No | |
| Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) | | | | |
| Speaking Limit: | ••••• | 4 minutes | | |
| | (See | Back) | | |
| REGISTRANT # | (200 | , | | |

| | - | | |
|-----|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| _ | | | |
| _ ; | | | |
| | | | |
| 7 | | | |
| | | | |
| - | de la constitución de la constit | | |
| | | | |
| | | | |
|] | | | |
| : | | | |
| | | | |
| | | | |
| | resident comment of the comment of t | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | vykárynaj diskulturova () viá | | |
| | | | |
| | | | |
| | | | |

| Are you an government | elected official who is appearing solely on behalf of your office or for your municipality of al body? | r other |
|------------------------------|--|----------|
| | vered "yes" to the question, STOP . You need not complete the rest of this form, except that you muy you answered "no" to the question, go on to the next question.) | ist sign |
| If you are b that: | being paid for your representation, or if your appearance is part of other paid duties, do you under | erstand |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | |
| 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | |
| (If you answ Office at Ro | vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the com 103 of the City-County Building, Madison, for more information.) | Clerk's |
| Date | Signature Print Name | |

| ther | | |
|------|--|--|
| sign | | |
| d | | |
| and | | |
| | | |
| | | |
| | | |
| | | |
| , , | | |
| rk's | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | PRINT NAME CLEARLY | | | |
|---|---------------------|---|---|--|
| | Nam | e Mike F | Flaherly | |
| Agenda No. 29 | Addı | 1000 SLA4 (1 | lostrut lu | |
| Agenda 110. | Addi | 1635 | washin of | |
| | | Morado | ind | |
| Di | | | | |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | | |
| Oppose | <u> </u> | X | κ | |
| Neither support nor oppose | | | 1.1.22 | |
| I wish to speak | | | | |
| Available for information only | | | | |
| | f each person or o | | enting: | |
| Are you being paid for your representat | ion? | | Yes No | |
| Are you appearing as part of your other (If you answered "no," STOP; you nee question.) | paid duties for the | is person or organization? e rest of this form. If you | ☐ Yes 🔀 No answered "yes," go on to the next | |
| Speaking Limit: | | 4 minutes | | |
| | (See | Back) | | |
| REGISTRANT # | ` | | | |

| _ | | | |
|--------------|--|--|--|
| - | | | |
| | | | |
| - - | | | |
| | | | |
| | | | |
| t | | | |
| - | | | |
| - | | | |
| <i>t</i> | | | |
| • | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Are you ar governmen | elected official who is appearing solely on behalf of your office or for your municipality or other tal body? | | | | |
|------------------------------|--|--|--|--|--|
| | vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) | | | | |
| If you are l that: | being paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | |
| 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | |
| (If you ansv Office at Ro | wered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's form 103 of the City-County Building, Madison, for more information.) | | | | |
| Date | Signature | | | | |
| | Print Name | | | | |
| | | | | | |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | ess <u>444 West</u> Mydison | depper | |
|--|------------|--------------------------------|-----------------------|--|
| Agenda No. 29 | Addr | ess 444 West | Main AD+ 303 | |
| _ | | Martison | 407 57703 | |
| | _3 | 11/4/01/3-11 | | |
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | Koloronaum | | | |
| Oppose | | | 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 (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 | on? | | Yes No | |
| Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) | | | | |
| Speaking Limit: | ••••• | 4 minutes | | |
| | (See | Back) | | |
| REGISTRANT # | ` | - | | |

| | ************************************** | | |
|-------------|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ext | | | |
| | - | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ext | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | |
|---|--|--|--|--|
| | red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.) | | | |
| If you are being that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | |
| (If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) | | | | |
| Date | Signature | | | |
| | Print Name | | | |



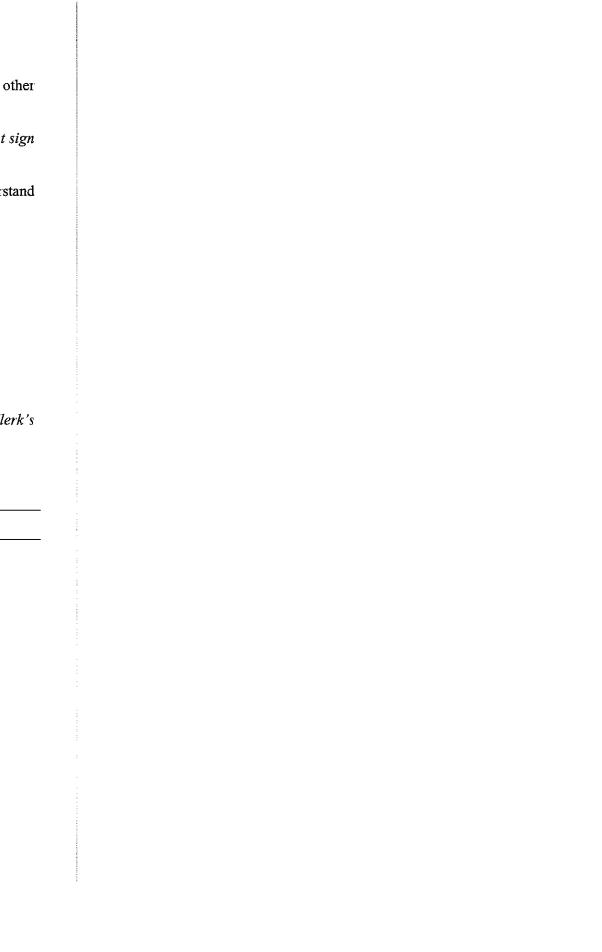
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | cess 6750 Par Madison, 1 | ybdahl k Ridge Dr., B NI 53719 |
|---|---------------------|-----------------------------|--------------------------------------|
| Please check the appropriate boxes: | _ | , | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | Referendam | Transmip Exemption | Roponing smoking our |
| Oppose | | × | |
| Neither support nor oppose | | 7 | |
| I wish to speak | | | |
| Available for information only | | | |
| Name, address and telephone number of | f each person or or | ganization you are repres | enting: |
| Are you being paid for your representat | ion? | | ☐ Yes ☐ No |
| Are you appearing as part of your other (If you answered "no," STOP; you nee question.) | | | |
| Speaking Limit: | •••••• | 4 minutes | |
| REGISTRANT # | (See | Back) | |

| Annual Management of the Control of | | | |
|--|--|--|--|
| A STATE OF THE STA | | | |
| Commence of the second | | | |
| | | | |
| | | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No | | | | |
|-------------------------------|--|--|----------------------|--|--|
| | vered "yes" to the question, STOP. you answered "no" to the question | You need not complete the rest of this form, excep, go on to the next question) | t that you must sign | | |
| If you are be that: | eing paid for your representation, | or if your appearance is part of other paid duties, | do you understand | | |
| 1. | Before you engage in lobbying with the City Clerk? | as a lobbyist, you or your principal must file an a | uthorization No | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | |
| (If you answ Office at Roo | vered "no" to any of the last three om 103 of the City-County Building | questions, please call the City Clerk at 266-4601 (, Madison, for more information.) | or go to the Clerk's | | |
| Date | Signate Print l | | | | |



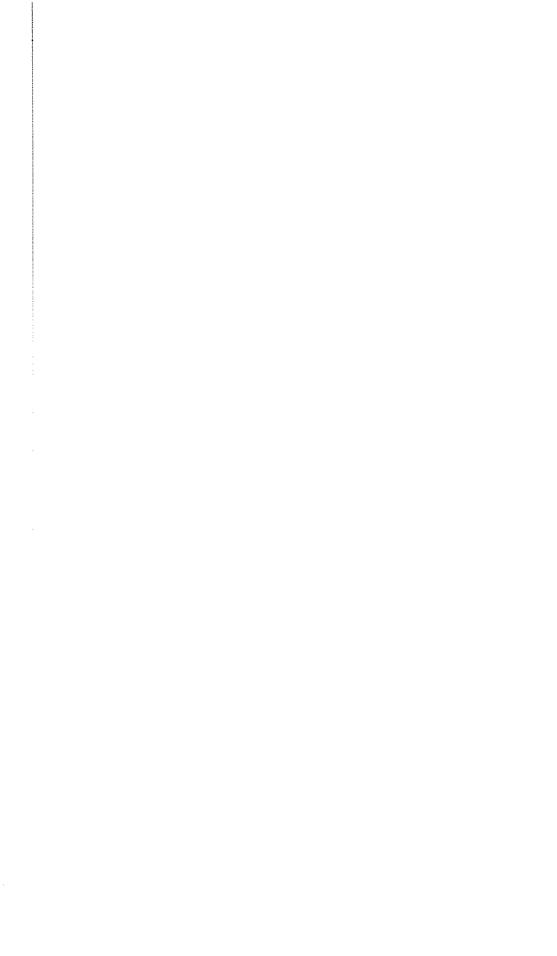
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addı | ress <u>8217 Man</u> <u>Madiso</u> | 11 + Stephonie Udl usion HillAure m 53719 |
|--|--|--|---|
| 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 | | | |
| Name, address and telephone number of | of each person or or | ganization you are represe | enting: |
| Are you being paid for your representa | tion? | | ☐ Yes ☐No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | r paid duties for thi ed not complete the | s person or organization? e rest of this form. If you d | Yes No answered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | (330 | , | |

| Uolell | | | |
|-------------|---|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| e next | | | |
| | - | | |
| | | | |
| e next | | | |
| | | | |
| | | | |
| | | | |

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



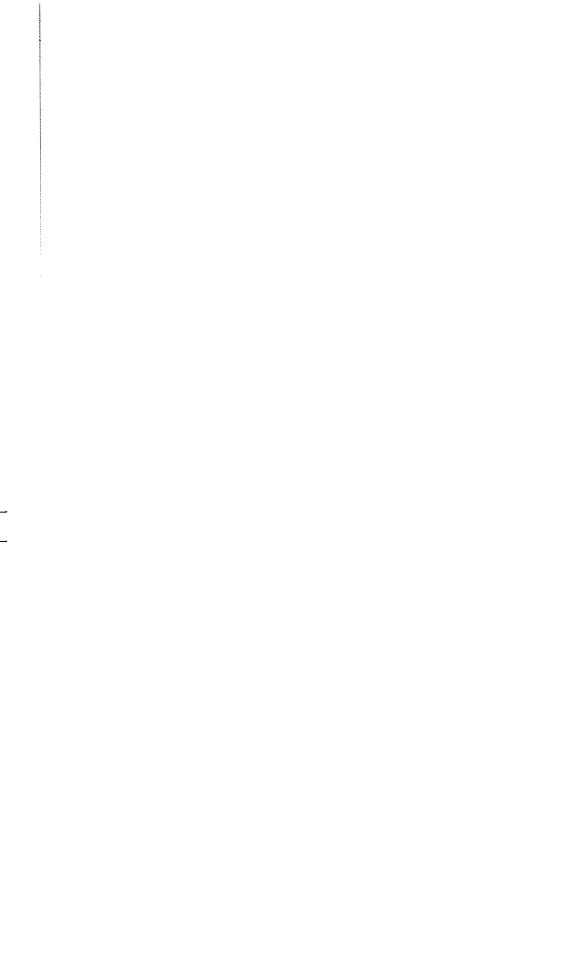
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | ress 226 Meade Madissin, U | XUlark Brive |
|--|---------------------|--|--------------------------------|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose | <u> </u> | × | |
| Neither support nor oppose | | | |
| I wish to speak Available for information only | | | · · |
| Name, address and telephone number of | f each person or or | rganization you are represen | nting: |
| | | | |
| Are you being paid for your representat | ion? | | ☐ Yes ☐ No |
| | paid duties for thi | is person or organization? e rest of this form. If you ar | Yes |
| | paid duties for thi | e rest of this form. If you ar | Yes |

| 4 | www. | | |
|---|--|--|--|
| | Andrew Control | | |
| | 14 mile (-10 mile) | | |
| - | diament in | | |
| 1 | | | |
| 1 | ACTION AND AND AND AND AND AND AND AND AND AN | | |
| - | # | | |
| | en para de la companya de la company | | |
| | 7 P P P P P P P P P P P P P P P P P P P | | |
| | # | | |
| 3 | list and post | | |
| 1 | A Property | | |
| | dad ja oo | | |
| | Para sa | | |
| | Tavor Çiran | | |
| | | | |
| | to week | | |
| 3 | مشروع | | |
| | ve) | | |
| 1 | the state of the s | | |
| | ar penne | | |
| | A CA A C | | |
| | eries | | |
| | E 72. | | |
| | ar de | | |
| | referred for the property of t | | |
| | 35 | | |
| | and the state of t | | |
| | of a service of the s | | |
| | in the second | | |
| | encionista | | |
| | is declary. | | |
| | ₹ 4 4 | | |
| | 14/A/C | | |
| | 44. | | |
| Ì | 14 Feedo | | |
| | Au Jorge | | |
| | Y-day- | | |
| | 0.00 | | |
| | Name of the state | | |
| | Aveed | | |
| | THE PROPERTY OF THE PROPERTY O | | |
| | XX | | |
| | events. | | |
| | A week | | |
| | ra na | | |
| | Solve | | |
| | ALEAN COUNTY OF THE PROPERTY O | | |
| 4 | 3-4-4-5. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Are you an e governmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? | |
|----------------------------------|--|--|
| | red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question) | |
| If you are beinthat: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | |
| (If you answer Office at Room | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information.) | |
| Date | Signature | |
| | Print Name | |



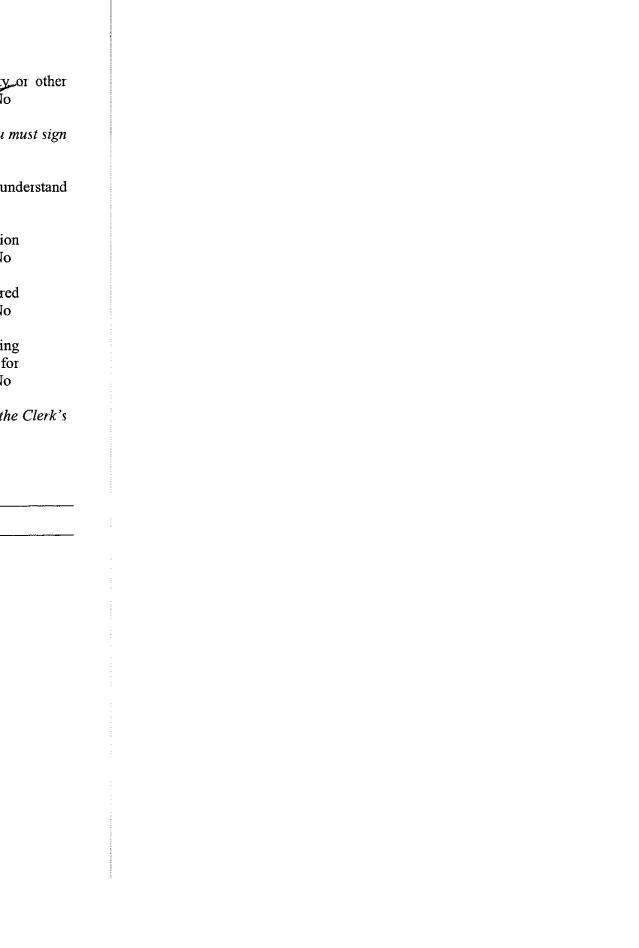
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 Please check the appropriate boxes: | Nam Addı | | hinsky HWount Blud. Ikee, WI S 3208 |
|--|---------------------|--|---|
| riease check the appropriate toxes. | | 0.1004 | 01005 |
| | 01880 | 01881 | 01985 Repealing smoking ban |
| Same and | Referendum | Hardship Exemption | Repeating smoking ban |
| Support Oppose | 1 | 1 | L |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| (If you answered "no," STOP; you need question.) Name, address and telephone number of hung have the control of the control o | f each person or o | ganization you are represe | |
| Are you being paid for your representat | ion? | | Yes No |
| Are you appearing as part of your other (If you answered "no," STOP; you nee question.) | paid duties for thi | s person or organization? e rest of this form. If you o | Yes No nswered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | (300 | | |

| | Table 1 (1) to produce the state of the stat | | |
|----------|--|--|--|
| | | | |
| * | The second secon | | |
| | | | |
| | | | |
| | | | |
| xt | | | |
| | | | |
| | | | |
| xt | | | |
| | | | |
| | : | | |
| | | | |
| | | | |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | |
|--|--|--|--|
| (If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) | | | |
| If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that: | | | |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | |
| (If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) | | | |
| Office at Room 103 of the City-County Building, Madison, for more information.) Date Office at Room 103 of the City-County Building, Madison, for more information.) Date | | | |

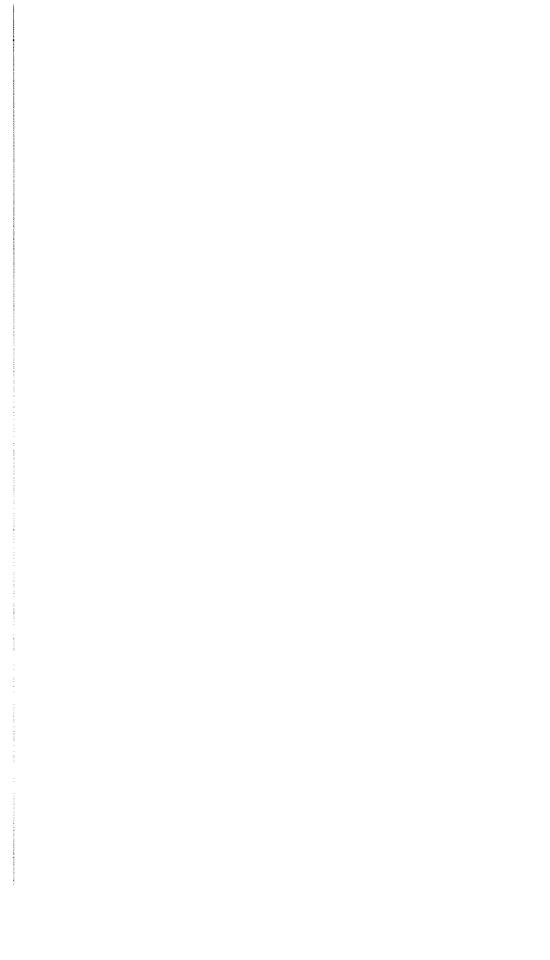


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Name Addr | | MDER WZ 53.717 |
|--|-------------------------------------|---|--|
| 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 | | 4.1 | |
| Available for information only | | | |
| At this meeting are you representing an or (If you answered "no," STOP; you need question.) Name, address and telephone number of e | not complete the | erest of this form. If you | answered "yes," go on to the next |
| Are you being paid for your representation | m? | | Yes No |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | aid duties for thi not complete the | s person or organization? erest of this form. If you | Yes No answered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| | (Saa | Back) | |
| REGISTRANT # | (366 | Dack _j | |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | |
|--|--|--|--|
| (If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) | | | |
| If you are bei that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | |
| 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | |
| (If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) | | | |
| | | | |
| Date | Signature | | |
| Date | Signature Print Name | | |
| Date | | | |

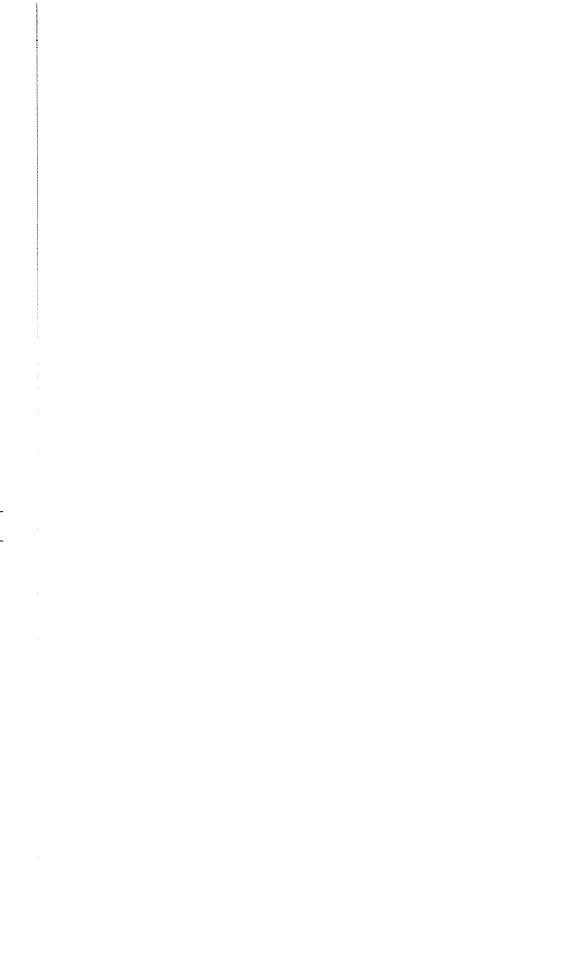


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | | CK |
|---|---|--|--|
| agenda No. 29 | Addı | ress 212 Merry S | t |
| | | <u>Madison</u> , n | 1_53704 |
| lease check the appropriate boxes: | | ŧ | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | | _ | <u> </u> |
| Neither support nor oppose | · · · · · | | |
| I wish to speak | | | |
| Available for information only | | | |
| f you answered "no," STOP; you ne | n organization or a seed not complete the | person other than yourself: e rest of this form. If you an | ☐ Yes ☑ No nswered "yes," go on to the ne |
| f you answered "no," STOP; you ne uestion.) | eed not complete the | e rest of this form. If you are represe | nswered "yes," go on to the ne |
| fyou answered "no," STOP; you ne uestion) ame, address and telephone number of Fawn Houck 212 W | eed not complete the | rest of this form. If you are represe uson, wi 53704 6 | nswered "yes," go on to the ne nting: <u>08) ZVI -2863</u> |
| f you answered "no," STOP; you ne vestion) ame, address and telephone number of Fawn Houck 212 MV Amy Waction 12 Birthard Ely | eed not complete the | e rest of this form. If you are represe | nswered "yes," go on to the ne nting: o8) Z49 -2863 |
| f you answered "no," STOP; you ne uestion.) ame, address and telephone number of Fawn Houck. 212 fly Any Market By Rosemary Warner | ed not complete the of each person or or lerry st/Mad | rest of this form. If you are represe uson, wi 53704 6 | nswered "yes," go on to the ne |
| If you answered "no," STOP; you ne uestion) Iame, address and telephone number of Fawn Houck 212 W Any Wartin U Rosemary Warner | ed not complete the of each person or or lerry st/Mad | rest of this form. If you are represe | nswered "yes," go on to the ne nting: o8) ZN9 -2863 |
| Richard Ely " | of each person or or lerry st. / Mad | rest of this form. If you are represed to the same with th | nswered "yes," go on to the ne nting: o8) 249-2863 i Yes No |
| If you answered "no," STOP; you ne uestion) Iame, address and telephone number of Fawn Houck 212 fv Away Wartin Rosewary Warner Are you being paid for your representative you appearing as part of your other to you answered "no," STOP; you ne | of each person or or lerry st. f. Madaition? The paid duties for this sed not complete the | rest of this form. If you are represedued by the state of this form. If you are represedued by the state of this form. If you are rest of this form. If you are | nswered "yes," go on to the ne nting: o8) 249-2863 i Yes No |
| If you answered "no," STOP; you new testion) Hame, address and telephone number of Fawn Houck, 212 ft. Any Waction is Rosemany Warned in Your appearing as part of your other than you answered "no," STOP; you new testion.) | of each person or or level st. f. Madaition? The paid duties for this sed not complete the | rest of this form. If you are represedued by the state of this form. If you are represedued by the state of this form. If you are rest of this form. If you are | nswered "yes," go on to the ne nting: o8) 249 -2863 i Yes No |

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



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | 7 | R. HARRISON MARKEN GO. LAU 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 | | | | |
| At this meeting are you representing an organization or a person other than yourself: [If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing: | | | | |
| Are you being paid for your representati | ion? | | ☐ Yes ☐ No | |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | | | | |
| Speaking Limit: | ••••• | 4 minutes | | |
| REGISTRANT # | (See | Back) | | |

| <u>) </u> | | | |
|--|--|--|--|
| | | | |
| ct | | | |
| — — | | | |
| rt | | | |
| | | | |
| | | | |

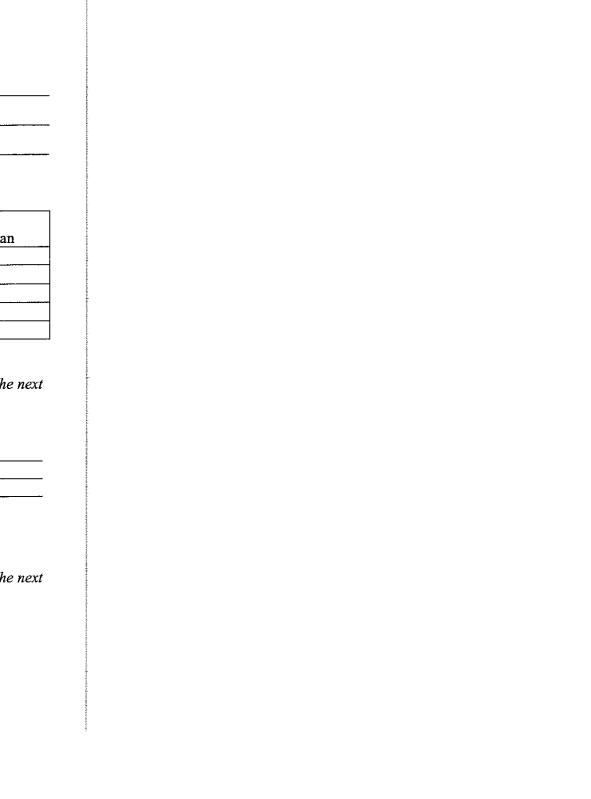
| Are you an e governmental | lected official who is appearing solely on behalf of your office or for your municipality or other body? | | |
|---|--|--|--|
| | red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.) | | |
| If you are being that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | |
| 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | |
| (If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) | | | |
| Date | Signature Print Name | | |
| | 1 Int Natio | | |

| other | | |
|----------|--------|--|
| ust sign | | |
| erstand | | |
| | | |
| | | |
| | | |
| Clerk's | | |
| | | |
| | | |
| | · : | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | Mahai Va | |
|---|--|--|--|
| 20 | Nam | e Melissa Keu | <u> </u> |
| Agenda No. 29 | Addı | ress 300 N. Pine | line St |
| | | Madison, Wi | 53903 |
| | | | |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | Х | × | X |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| Name, address and telephone number of | of each person or or | ganization you are represe | enting: |
| Are you being paid for your representa | ation? | | Yes No |
| Are you appearing as part of your othe (If you answered "no," STOP; you ne question.) | er paid duties for thi eed not complete the | s person or organization? e rest of this form. If you a | Yes No No nswered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | • | , | |
| - | • | | |



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

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | ess 300 N. Modeson | ROTHE PINCENCY St. WI S3403 |
|---|---|---|--|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose | × | X | × |
| Neither support nor oppose | | · | |
| I wish to speak | | | |
| Available for information only | *************************************** | | |
| question) Name, address and telephone number o | f each person or or | ganization you are repres | enting: |
| | ·9 | | ☐ Yes ☐ No |
| Are you being paid for your representat | 1011 f | | [] 103 [] 140 |
| Are you appearing as part of your other (If you answered "no," STOP; you nee question.) | paid duties for thi | s person or organization? erest of this form. If you | Yes No answered "yes," go on to the next |
| Speaking Limit: | •••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | (| , | |

| open de de la constante de la | | |
|--|--|--|
| dominio montes a descripto de d | | |
| odenomnostvorte vojektoje | | |
| na tenerari disersa dan dan dan dan dan dan dan dan dan da | | |
| voordelevendentelevend dat kijn met veeld dat k | | |
| Remote programmy de | | |
| with a design and a second sec | | |
| for digital consequences because | | |
| (Delignation) | | |
| | | |

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



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | Nam | | |
|---|-------------------|---------------------------|------------------------------|
| Agenda No. 29 | Addı | ress த 125 N N | lamilton St #602 |
| | | Madissin | lamilton St #602 W1 53703 |
| | | | ~05W |
| Please check the appropriate boxes: | | | |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | × | \times | X |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| Name, address and telephone number of | each person or or | ganization you are repres | enting: |
| Are you being paid for your representation | on? | | ☐ Yes ☐ No |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question.) | | | |
| Speaking Limit: | *************** | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | (200 | · · · , | |

| | re you an elected official who is appearing solely on behalf of your office or for your municipality or other overnmental body? | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|
| | | ed "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign unswered "no" to the question, go on to the next question.) | | | | | | |
| If you ar that: | e bein | g paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | | |
| 1 | | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | | | | | | |
| 2 | | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | | | |
| 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | | | |
| (If you ar Office at | nswere Room | ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information) | | | | | | |
| Date | | Signature | | | | | | |
| | | Print Name | | | | | | |

| I' | | | |
|----|--|--|--|
| 4 | | | |
| ı | | | |
| i | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| \$ | | | |
| | | | |
| _ | | | |
| _ | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | tess 106 W. Madis | |
|--|-----------------------|--|---|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose | | \sim | |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| (If you answered "no," STOP; you need question) Name, address and telephone number of | | | |
| Are you being paid for your representa Are you appearing as part of your other (If you answered "no," STOP; you need question.) | r paid duties for thi | s person or organization? e rest of this form. If you a | Yes No Yes No enswered "yes," go on to the next |
| Speaking Limit: | | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | (355 | · , | |

| | Commonwealth of the common and the c | | |
|-----|--|--|--|
| | vacanamenta i vacanamenta del proposito dela | | |
| 153 | ottenan vide Å ente overlede kalanten som oktivaten som ok | | |
| | entre management de la companya de l | | |
| | recent reports was unexpended a magacile. | | |
| ext | motorina ratilveptonostas s despredictoronida | | |
| | Nillatoramona Manadapapa fa valvanças para de construir d | | |
| ext | volozenija (i provona jelozeni volozeni v | | |
| | reference proportion of the control | | |
| | The state of the s | | |
| | | | |

| elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|--|
| red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.) |
| ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? |
| Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? |
| If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? |
| red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.) |
| 20.05 Signature MARIA C. MILSTED |
| ! 1 C i |

| | Calculate A Medical and Annual A Medical Annual A Medical and Annual A Medical and Annual A Medical and Annual A M | | |
|---------------------------------------|--|--|--|
| | | | |
| or other | | | |
| | new most principal portion of the control of the co | | |
| nust sign | | | |
| derstand | | | |
| | | | |
| n | | | |
| a | | | |
| d | | | |
| g r | | | |
| T' | | | |
| e Clerk's | | | |
| 22 to the Samuel Congress of Congress | | | |
| | | | |
| 3 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | Same of the same o | N-New York | | |
|---|-------------------------------------|--|-----------------------|--|--|
| | Nam | e Wesser | Taspas | | |
| Agenda No. 29 | Addı | ess 1833 W | LLINAMA WOLL | | |
| | | WALSON | 12 52 71 2 | | |
| | | | | | |
| Please check the appropriate boxes: | Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | | |
| | Referendum | Hardship Exemption | Repealing smoking ban | | |
| Support | | | | | |
| Oppose | | L | Laurensen | | |
| Neither support nor oppose | | | | | |
| I wish to speak | | | | | |
| Available for information only | | | | | |
| At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing: | | | | | |
| Are you being paid for your representation? | | | | | |
| Are you appearing as part of your other paid duties for this person or organization? [] Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) | | | | | |
| Speaking Limit:4 minutes | | | | | |
| | (See | Back) | | | |
| REGISTRANT # | ` | • | | | |

| | A PERSONAL PROPERTY AND A PERS | | |
|--|--|--|--|
| | | | |
| | CASTILLE AND CONTROL OF THE CONTROL | | |
| | | | |
| | Andrewson the state of the stat | | |
| <u></u> | And all the second of the seco | | |
| | The second secon | | |
| 1 | | | |
| 1 | | | |
| | hannotanisopopopopo | | |
| | | | |
| | | | |
| e next | | | |
| | | | |
| | | | |
| | | | |
| e next | | | |
| transport provides provides provides and pro | | | |
| 10 KI 7 PO CO 3 P PO CO 3 | | | |
| SA CONTROL PARA PARA PARA PARA PARA PARA PARA PAR | | | |
| telbary contribudit. | | | |
| | | | |
| | | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No | | | | | | |
|---|--|--|--|--|--|--|--|
| | red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question) | | | | | | |
| If you are beithat: | ing paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | | |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No | | | | | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | | |
| (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.

| Agenda No. 29 | Nam Addi | ress 1823 W. Medison L | DISSING aumona Way 21 53713 |
|--|---|--|--|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | N. market |
| Oppose | | | |
| Neither support nor oppose I wish to speak | | | |
| Available for information only | | | |
| Name, address and telephone number of | each person or or | ganization you are represe | nting: |
| Are you being paid for your representation | on? | | ☐ Yes No |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | paid duties for thi not complete the | s person or organization? erest of this form. If you ar | ☐ Yes No nswered "yes," go on to the next |
| Speaking Limit: | •••••• | 4 minutes | |
| REGISTRANT # | (See | Back) | |
| REGISTRANT# | | | |

| | TOTAL PROPERTY AND | | |
|-------------|--|--|--|
| | NA OROZANIA NA | | |
| | To propose the state of the sta | | |
| | and the second s | | |
| | de monorous milentenanos de la constante de la | | |
| | eter-edutado da alead de como ser esta esta esta esta esta esta esta esta | | |
| | entre de la constanta de la co | | |
| next | enderstand in company of the control | | |
| | in irkin quantuskanın | | |
| | Metanon vojanski Mondroj krunopo | | |
| | A beautions and some of the source of the so | | |
| | The contract of the contract o | | |
| ıext | ego Nevo di adventi adita | | |
| | marrodurate out of the control of th | | |
| | d de | | |
| | na yezhañ di dan pireden | | |
| | ş. | | |
| | | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | | |
|---|--|--|--|--|--|--|--|
| | (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) | | | | | | |
| If you are being that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | | |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | | |
| (If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) | | | | | | | |
| Date | Signature Print Name | | | | | | |



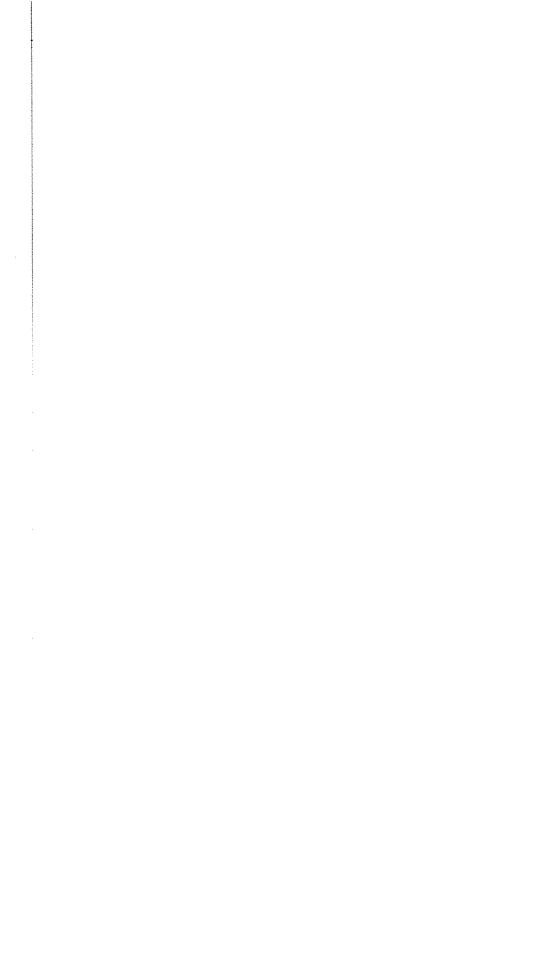
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addi | | Diers outhport Drive #2 50 W. Wi 5370 |
|--|---|---|---|
| Please check the appropriate boxes: | | | |
| | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| (Oppose) | l- | V | <u> </u> |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| Name, address and telephone number | of each person or or | ganization you are represe | nting: |
| Are you being paid for your representa | ation? | | Yes No |
| Are you appearing as part of your other (If you answered "no," STOP; you nequestion) | er paid duties for thinged not complete the | s person or organization? e rest of this form. If you ar | Yes No nswered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | _ | | |

| 1 | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| 1 | | | |
| 1 | | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| or the desired the definition to the | | | |
| are conjected for each | | | |
| - | | | |
| elisa editara probaba | | | |
| A) a www.mbb.pd sidemnast.pos | | | |
| Posterio de la casa de | | | |
| And substitution of the party o | | | |
| enorphirp Rupy shapes | | | |
| a de la constante de la consta | | | |
| a trak 4 dentré condingé | | | |
| Hydrak a physical posterior | | | |
| the professional property and the second | | | |
| este erispaaaron | | | |
| eye belonded desired | | | |
| perhabit who egit and this | | | |
| els skilmon ourstande (A | | | |
| rendio del mala alcaneta e | | | |
| HTADJEŠAŠ HINŽEVÝA W | | | |
| entriklibævdiævernistina | | | |
| range among danilih jira | | | |
| Albandanen ederbeitette de sin Lineaneja e | | | |
| de skelender per es | | | |
| | | | |
| | | | |

| • | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | |
|---------------------|--|--|--|--|--|--|
| | vered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.) | | | | | |
| If you are be that: | being paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | | |
| 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | | |
| 3 | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | |
| | vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's com 103 of the City-County Building, Madison, for more information.) | | | | | |
| Date | Signature | | | | | |
| | Print Name | | | | | |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Agenda No. 29 | Nam Addı | 7-4-1 | LONSW NOTH CA- WY 53704 |
|---|---------------------|-----------------------------|--|
| Please check the appropriate boxes: | | | |
| Clause | 01880 Referendum | 01881 Hardship Exemption | 01985 Repealing smoking ban |
| Support | | | |
| Oppose Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | | | |
| Name, address and telephone number of e | each person or or | ganization you are represe | enting: |
| Are you being paid for your representation | n? | | Yes No |
| Are you appearing as part of your other pa (If you answered "no," STOP; you need a question.) | | | Yes No No nswered "yes," go on to the next |
| Speaking Limit: | ••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | (500) | | |

| em a coloris a a se a de la ciencia de la completación (execundo por establica de la ciencia de la ciencia del Aplique | | | |
|--|--|--|--|
| te etrizen i siskich Predd i i ikk-sky i istifon blue ekonomie. | | | |
| verere eksplone den die ersch blisse er est geschlichten in en sich bei beschlichten. | | | |
| eand earlieth sectors in some extrastat excluded in 18 and Exclude | | | |
| Heida e Potando Formania (see distrem a méticos a simo porqua que par | | | |
| renore säl jekkissäkärsäkroxäsnon kondär posinni krais | | | |
|) deprior a tradeo (new laboración) del comparto vocata a necessor con tradeo. | | | |
| endermen er eine besteht die werd mit gestalle von der der der | | | |
| | | | |

| | 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 be that: | sing paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | | | |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? | | | | | | |
| 2. | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | | | | | |
| 3. | If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | | |
| (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 | | | | | | |

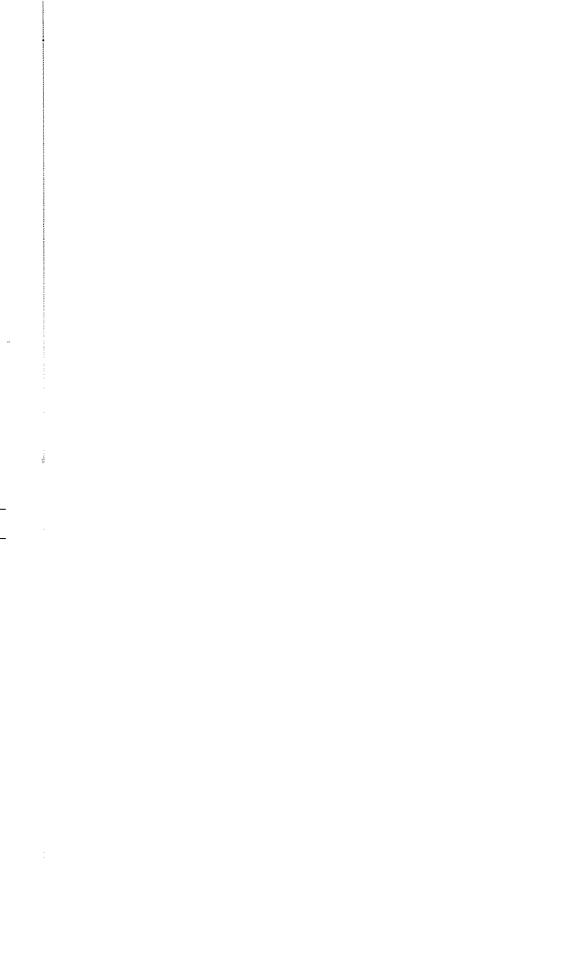


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Name Jessica Lindney Address 1904 Jefferson St Malison, WI | | | | |
|--|-----------------------|----------------------------|--|--|
| Please check the appropriate boxes: | | | | |
| | 01880 | 01881 | 01985 | |
| | Referendum | Hardship Exemption | Repealing smoking ban | |
| Support | | | · | |
| Oppose | X | X | × | |
| Neither support nor oppose | | | | |
| I wish to speak | | | | |
| Available for information only | | | | |
| Name, address and telephone number | of each person or or | ganization you are represe | nting: | |
| Are you being paid for your representation Are you appearing as part of your other (If you answered "no," STOP; you ne | r paid duties for thi | s person or organization? | ☐ Yes 🔀 No ☐ Yes 🔀 No nswered "yes," go on to the next | |
| question.) Speaking Limit: | | | , 0 | |
| . 0 | | | | |
| REGISTRANT # | (See | Back) | | |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or off governmental body? Yes No | | | | | |
|--|--|--|--|--|--|
| | ed "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.) | | | | |
| If you are being that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | | | | |
| 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No | | | | |
| 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No | | | | |
| If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? | | | | | |
| | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.) | | | | |
| Date | Signature | | | | |
| | Print Name | | | | |



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| | | ===== (= = 1) | |
|---|----------------------|---------------------------------------|-----------------------|
| Agenda No. 29 | Nam Addi | 12 11 17. | VERSIDE DR |
| Please check the appropriate boxes: | | | • |
| | 01880 | 01881 | 01985 |
| | Referendum | Hardship Exemption | Repealing smoking ban |
| Support | | | |
| Oppose | X | × | × |
| Neither support nor oppose | | | |
| I wish to speak | | | |
| Available for information only | \perp | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | <u> </u> |
| Name, address and telephone number of | of each person or or | ganization you are repres | enting: |
| Are you being paid for your representa | ition? | | ☐ Yes ☐ No |
| Are you appearing as part of your othe (If you answered "no," STOP ; you ne question.) | | | |
| Speaking Limit: | •••••• | 4 minutes | |
| | (See | Back) | |
| REGISTRANT # | | , | |
| | • | | |

| and a second | | | |
|--|-----|--|--|
| e general de la planta Maria Al Maria A | | | |
| n end a plant of position and | | | |
| THE PARTIES AND THE STREET AND THE S | | | |
| ma ying diminin terpenif (An el-and Aff) Yeli | | | |
| eche evenuent desseign bassaich | - I | | |
| ilandphotempra ai'n 1940's diregyy | | | |
| ARRIGATHA ABAYZH ARRAGA A A ARRAGA A A | | | |
| oralizat da agraco a quedro puddo puddo | | | |
| Procedus assessed justicy transfer | | | |
| e Greenwood by manuschassings personal | | | |
| bietynestybilsenski likkelmonetistaa | | | |
| antivijeni); edinakovanokira- | | | |
| , | | | |
| | | | |

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

| | Philadelphia Principal | | |
|---|--|--|--|
| | robidenmanders de monte de mon | | |
| | To the part of the | | |
| | Annillo e deservana com e fina | | |
| | remarkation s daded trial | | |
| | | | |
| - | eden egypte Mynor (Markette ed | | |
| | en egenem ambolosofter (vojeka na postava na | | |
| | and various management of the control of the contro | | |
| | To provide the state of the sta | | |
| | and the second s | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |