

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Reid  
Address 1952 HEATH AVE  
MADISON 53704

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT #** 101

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Lucy Gibson  
Address 1610 Angel Crest Way  
Madison 53716

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 75**

Registration Statement - Page 2

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

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

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

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

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

Date 9-20-05

Signature Lucy Gibson  
Print Name Lucy Gibson

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Teresa Ryan  
Address 1237 Bonard Dr  
Whitaker, WI 53597

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 67**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

Agenda No. **29**

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

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
Campaign for Tobacco-Free Kids  
PO Box 1472  
Arlington Hts, IL 60004

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

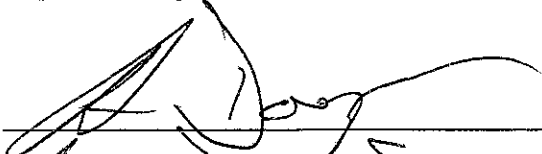
*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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

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

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

Date 9/20/05

Signature   
Print Name Aaron Duggan



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name PATRICIA J. MILLER  
Address 2459 UPHAM ST #2  
MADISON WI 53704

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 39**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name PATRICIA GADOW  
Address 3330 WESTVIEW LN  
MADISON WI 53713

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

**REGISTRANT #** 98

(See Back)

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

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**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Gary Poulson  
Address 637 Charles Ln  
Madison 53711

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
Tobacco Free Zone Co.

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Patrick Remington  
Address 1214 Dartmouth Rd  
MADISON, WI 53705

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

**REGISTRANT # 91**

(See Back)

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Lisa Davidson  
Address 8317 Elderberry Rd.  
Madison 53717

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
American Cancer Society  
8317 Elderberry Rd. Madison 53717

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 90**

Registration Statement - Page 2

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

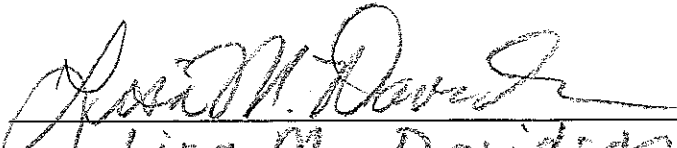
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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

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

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

Date 9/20/05

Signature   
Print Name Lisa M. Davidson

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Michael Neuman  
Address 4334 Wate Cir  
PA

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
Available for information only			

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 88**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name DAVID AMRENS  
Address 1821 Rutledge St  
Madison

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 81**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Thomas Kazlovsky  
Address 1139 Pauline Ave  
Madison, WI 53720

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 80**

Registration Statement - Page 2

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

Agenda No. **29**

Name Matt Landis  
Address 121 S. Hamilton St  
Madison 53703

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 79**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name JOHN MORLEDGE MD  
Address \_\_\_\_\_  
\_\_\_\_\_

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
American Heart Association  
Milwaukee + Madison

Are you being paid for your representation? no  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 # 68**

Registration Statement - Page 2

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

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

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

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

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

Date 9/20/05

Signature John Morledge MD  
Print Name JOHN MORLEDGE MD

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

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

Name Jean Mac Cubbin  
 Address 3530 Heather Crest  
MADISON WI 53705

Please check the appropriate boxes:

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

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

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

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 37**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name CHERIE SLOWIKER  
Address 777 S. Mills St  
Madison WI

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 38**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Dawn Berney  
Address 2201 West Lawn Ave  
Madison WI 53711

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

**REGISTRANT # 44**

(See Back)

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 50**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

Agenda No. **29**

Name Rodney STEVENSON  
Address 1030 VILAS AVE  
MADISON 53715

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 51**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

Agenda No. **29**

Name Maureen Bonsalaki  
Address 7710 greyfox trail  
Madison WI 53717

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
Smoke Free Wisconsin  
401 Wisconsin Ave  
Madison WI 53703

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 55**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Christine Reilly  
Address 1506 Madison St  
Madison, WI 53711

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 57**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Tim Wong  
Address 161 Jackson  
04

Please check the appropriate boxes:

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

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

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

representing myself & clean lungs

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 58**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

Date: September 20, 2005

City of Madison  
Registration Statement - Common Council

You must register before the Council considers your item.

**PRINT NAME CLEARLY**

Agenda No. 29

Name Caroncel Andrea Bayard  
Address 1715 Hoyt St  
Madison WI 53726

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
Smoke Free Wisconsin  
401 Wisconsin Ave  
Madison WI 53703

Are you being paid for your representation?  Yes  No

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

Speaking Limit: .....4 minutes

(See Back)

REGISTRANT # 76

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

*John Greyfox Tr.*  
*5/2/17*

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

**REGISTRANT # 95**

(See Back)

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

Agenda No. **29**

Name Walter Southwood  
Address 4025 Mineral Point Rd  
Madison 53709

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

**REGISTRANT #** 14

(See Back)

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 3**

Registration Statement - Page 2

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

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

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

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

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

Date 9/20/15

Signature Joelle Parks  
Print Name Joelle Parks

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

Agenda No. **29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 56**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Danall Likk  
Address 615 Lakeside Dr  
Beaverton, OR

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 18**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Adam Benedetto  
Address 705 S. Dickinson St  
MADISON WI 53703

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 25**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Kyle Pfister  
Address 1216 Vilas Ave  
Madison WI 53715

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 20**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Nate Altfeather  
Address 18 S. Orchard St  
Madison, WI 53715

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 26**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 21**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name RICHARD S. RUSSELL  
Address 2612 KENDALL AVE.  
MADISON WI 53705-3736

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 31**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
American Cancer Society - Colleges Against Cancer  
chapter

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

**REGISTRANT # 35**

(See Back)

Registration Statement - Page 2

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

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

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

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

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

Date 10-20-05      Signature Christine Webber  
Print Name CHRISTINE WEBBER

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Gary Poulson  
Address 637 Charles Ln  
Madison

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
Tobacco Free Dane County  
1202 Northport Ave  
Madison, WI 53704

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 36**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name 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			<del>X</del>
Neither support nor oppose			
I wish to speak			
Available for information only			

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name JAMES P ASHLEY  
Address 3900 DENNEY RD  
MADISON WIS 53716

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			

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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


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

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

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

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

Date 9/20/05

Signature   
Print Name JAMES D BENTLEY

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

Agenda No. **29**

Name Sheila Cohen  
Address 114 Ozark Trl  
Madison, WI 53708

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Jennifer Voichnick  
Address 145 Ohio Ave  
Madison, WI 53704

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name PAUL O'LEARY  
Address 1134 E. MUELLIN ST  
MADISON 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			

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Jenny Bardeen  
Address 2414 Upham St.  
Madison, WI 53704

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

Agenda No. **29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

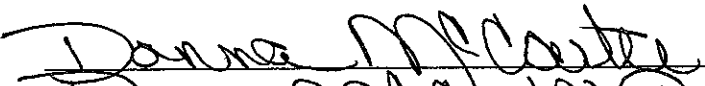
*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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

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

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

Date 9-20-05

Signature   
Print Name Donna McCarter

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name CAROL WELDEZ  
Address 1237 E. DAVENPORT ST  
MADISON - 53703

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Peter Giese  
Address 615 W. MAIN ST #408  
MADISON, WI 53703

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

**Registration Statement - Page 2**

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Kalleen Mortensen  
Address 425 Clemons Ave  
Madison WI 53704

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Amy Westa  
Address 818 Bewick Dr.  
Madison WI 53714

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name SATYA RHODES - CONWAY  
Address 1918 E. MAIN ST #1  
MADISON WI 53704

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

**Registration Statement - Page 2**

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

Agenda No. **29**

Name Eileen Thompson  
Address 311 Campbell St  
Madison WI 53711

Please check the appropriate boxes:

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

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

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

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

② Self - Former Public Health Nurse and Athlete. Currently have asthma and a child with asthma. I would enjoy going to  
Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

*bars again to see some favorite musicians in a smoke-free environment*

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Elizabeth Sanger  
Address 143 W. Gilman St. #100  
Madison, WI 53703

Please check the appropriate boxes:

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

*I ♥ SMOKE-FREE MADISON!*

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

Date 9/20/05

Signature Joan Braune  
Print Name Joan BRAUNE

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Chris, Jaimie + Isabella  
Address Hollenback  
1126 Debra Lane  
Madison, WI 53704

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
<u>Oppose</u>	<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>	<del>XXXXXXXXXX</del>
Neither support nor oppose			
I wish to speak			
Available for information only			

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

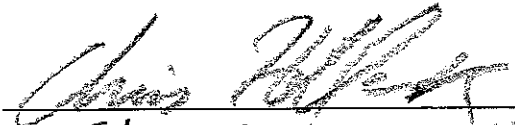
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Date 9-20-05

Signature   
Print Name Christopher Hollenback



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Judy Skog  
Address 626 Orchard Dr.  
Madison, WI 53711

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Ryan Sheehan  
Address 226 RANDOLPH DR  
MADISON, WI 53717

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
TOBACCO-FREE DANE COUNTY COALITION  
1202 WORTHPORT DR  
MADISON, WI 53704

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

**Registration Statement - Page 2**

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Lisa Subeck  
Address 8185 Garnman Rd #4  
Madison, WI 53719

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Nancy Michaud  
Address 2112 E Main St  
Madison, WI 53704

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

Date 9/20/05

Signature Nancy T. Michaud

Print Name Nancy T. Michaud



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name NORMAN STOCKWELL  
Address 401 Elmside Blvd  
Madison, WI 53704

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

**Registration Statement - Page 2**

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Gloria Meyer  
Address 13 Jacobs Court

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

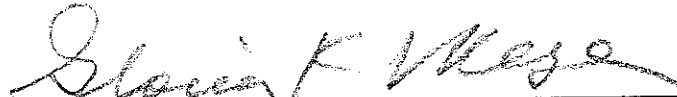
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Date 9/20/05

Signature   
Print Name Gloria K. Meyer

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Carol Ferguson  
Address 360 W. Washington Av #603  
Madison WI 53703

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Thomas REED  
Address 4001 Hiawatha Dr  
Madison, 53711

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

**Registration Statement - Page 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Caleb Pouchot  
Address 406 SHEARWATER ST.  
MADISON, WI 53714

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

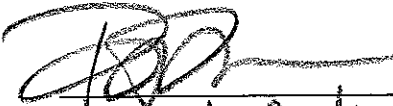
Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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

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

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

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

Date Sept - 20, 2005 Signature   
Print Name Brenda Baker

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name KEN VANDERWAAL  
Address 30 JOSHUA CIR  
MADISON WI 53714

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

**Registration Statement - Page 2**

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

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

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

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
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*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name JANE RAINS  
Address 14 LANSING ST  
MADISON WI 53714

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Mike Flaherty  
Address 5604 Chestnut Ln  
McFarland

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
Smoke Free Wisconsin  
Wisconsin Ave, Madison

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

**Registration Statement - Page 2**

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

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Kevin Klepper  
Address 444 West Main Apt 303  
Madison WI 53703

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

**Registration Statement - Page 2**

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

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Paula Keller  
Address 226 Meadowlark Drive  
Madison, WI 53714

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

**Registration Statement - Page 2**

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
American Lung Assn. of WI

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

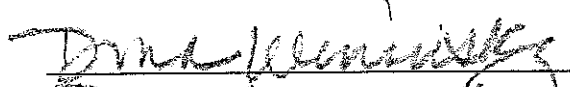
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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

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

Date 9/20/05

Signature   
Print Name Dona Wininske

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Amy Pumper  
Address 226 Randolph Drive Apt 209B  
Madison, WI 53717

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Fawn Houck  
Address 212 Merry 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 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:  
Fawn Houck 212 Merry St / Madison, WI 53704 (608) 249-2863  
Amy Martin " " "  
Richard Ely " " "  
Rosemary Warner " " "

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

**Registration Statement - Page 2**

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

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

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

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

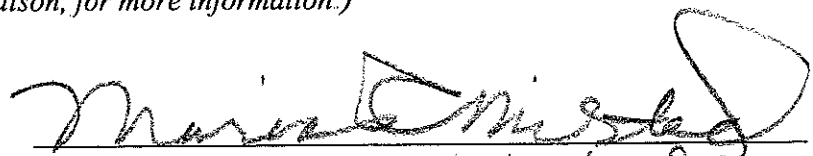
*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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

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

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

Date 9.20.05

Signature   
Print Name MARIA C. MILSTED



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name TRESSA PAPPAS  
Address 1823 WAUNONA WAY  
MADISON WI 53713

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Jeff Bissinger  
Address 1823 Wawona Way  
Madison WI 53713

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name REN MAWSKI  
Address 3340 ANOTH CT.  
MADISON, WI 53704

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Jessica Lindner  
Address 1904 Jefferson St  
Madison, WI

Please check the appropriate boxes:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name PAUL UEBELHER  
Address 341 RIVERSIDE DR  
53704

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # \_\_\_\_\_**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_