

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

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name JOE SCALISSI
Address 5209 MESA RD.
MONONA WI 53716

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oppose			
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 # 97

(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 _____

City of Madison Registration Statement - Common Council

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PRINT NAME CLEARLY

Agenda No.	29
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Name Jason Walker
 Address 311 E Johnson St #306
Madison WI 53703 1575

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support		X	X
Oppose			
Neither support nor oppose	X		
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:
n/a

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 # 86

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.)

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**City of Madison
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PRINT NAME CLEARLY

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

Name Jacquelyn Strahl
 Address 5240 Harbor Ct.
Madison, WI 53201

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support	✓ <i>Last resort</i>	✓	✓
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 # 83

Registration Statement - Page 2

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

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

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

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

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

Date _____

Signature _____

Print Name _____

City of Madison Registration Statement - Common Council

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PRINT NAME CLEARLY

Agenda No. 29

Name EMILY KETU
 Address 1107 E. MIFFLIN #4
MADISON, WI 53703

Please check the appropriate boxes:

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

At this meeting are you representing an organization or a person other than yourself: Yes No
(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:
SANDOLT BAR 301 NORTH ST. 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 # 82

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 _____

City of Madison Registration Statement - Common Council

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PRINT NAME CLEARLY

Agenda No. **29**

Name Sabi Atteyih
 Address 1116 N. Gammon
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:

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 # 73

(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 _____

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

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PRINT NAME CLEARLY

Agenda No. 29

Name Carol Thompson
Address PO Box 25915
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:

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 # 66

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 BRIAN HALTINER
Address 117A E. MAIN ST
MADISON, WI 53703

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oppose			
Neither support nor oppose			
I wish to speak	<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 # 63

Registration Statement - Page 2

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

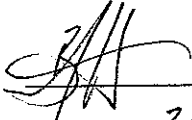
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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

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

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

Date 9/20/5

Signature 
Print Name Brian Hactinnet

Date: September 20, 2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
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Name

Jessica Seemeyer

Address

1 E. Gilman St. #401
Madison 53703

Please check the appropriate boxes:

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

At this meeting are you representing an organization or a person other than yourself: Yes No
(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 # 61

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

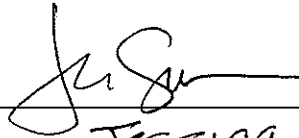
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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 Jessica Seemeyer

Date: September 20, 2005

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

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 47

Registration Statement - Page 2

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

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

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 24

Registration Statement - Page 2

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

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

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

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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 Paul E. Grindrod
Print Name PAUL E. GRINDROD

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

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Susan Simpson
Address 2202 W. Broadway
Madison, WI
53589

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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Date _____

Signature _____

Print Name _____

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Matt Karn
Address 1330 Dewey Ct.

Please check the appropriate boxes:

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

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

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

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 # _____

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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 MATT KARN

City of Madison
Registration Statement - Common Council

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PRINT NAME CLEARLY

Agenda No. 29

Name Kane Goulet
Address 641 W. Main St. 107

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:
the Casbah, 119 E. Main St., S3703 255-2232

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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

Date _____

Signature Kane Goulet
Print Name Kane Goulet

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 Jason Deaton
 Address 2417 E. Dayton St.
Madison, WI 53704

Please check the appropriate boxes:

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

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

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

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 64

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

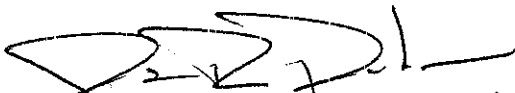
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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 Jason R Dehnen

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Kevin Trotter
Address 1 E. Julian St #401
Madison 53703

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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

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

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

Date _____

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 Justin Seatz
Address 226 N. Broom St. Apt. 1
Madison, WI 53703

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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

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

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

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

Date _____

Signature _____

Print Name _____

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Eric Hochkammer
Address 311 N. Hancock St. #330
Madison, WI 53703

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

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 _____

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

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name Matthew Eisele
Address 1107 East Mifflin
Madison, WI 53703

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support	X	X	X
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:
Sandlot / North st.

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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

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Date _____

Signature _____

Print Name _____

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

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Ryan Stoflet
Address 4701 Hayes RD #209

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:
Bruce Stoflet 33 Harding St 242-7860 Anchor Inn

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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

Date _____

Signature _____

Print Name _____

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

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name SARAPHIAH BENAVIDES
 Address 300 W. WASHINGTON AVE #418
MADISON, WI 53713

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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

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

Date _____

Signature _____

Print Name _____

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name MARTIN A NELSON
Address 4618 Declaration LN
MADISON WI 52704

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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

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

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

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

Date 9-20-5

Signature [Handwritten Signature]
Print Name MARTIN A MUELSON

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

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Patricia K. Wolden
 Address 1325 Troy Dr.
Madison, WI. 53704

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:
Bru's Anchor Inn

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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If you 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 9-20-05

Signature Patricia K. Walden
Print Name Patricia K. Walden

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Bruce Storlet
 Address 33 Harding St
 MAD WI 53714

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:
BRU'S Anchor Inn 1970 ATWOOD AVE MADISON

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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

Date _____

Signature _____

Print Name _____

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

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name BRENDA STEVENTON
Address 1309 N SHERRMAN AVE
MADISON WA 53704

Please check the appropriate boxes:

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

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

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

Blue's Anchor Inn

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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

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

Date 9/20/05

Signature Brenda L. Stewart

Print Name BRENDA L. STEWART

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

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Sarah Spilman
Address 5128 Reynolds Ave
Wausaukee, WI

Please check the appropriate boxes:

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

CJ's Restaurant
802 Hillas Ave Madison WI 53714

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

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 Erik Nielsen
Address 134 Lakewood Gardens Ln
Madison, WI 53704

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation? Yes No

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

Speaking Limit: **4 minutes**

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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Date _____

Signature _____

Print Name _____

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

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

Name Lisa Subeck
 Address 818 S. Common 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	<input checked="" type="checkbox"/>		
I wish to speak			
Available for information only			

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

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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

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

Date _____

Signature _____

Print Name _____

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

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name NANCY SHARKEY
Address 205 SE ALBANS AVE
MADISON WI 53714

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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

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

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

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

Date _____

Signature _____

Print Name _____

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

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name JIM SHARKEY
Address 205 SAINT ALBANS
MDSN.
53714-2705

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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

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

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

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

Date _____

Signature _____

Print Name _____

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 JOE SCALISSI
Address 5209 MESA RD.
MONONA WI 53716

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oppose			
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 # 97

(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 _____

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
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Name TRISH REILLY HARRISON
 Address 521 Cottage Grove Rd
Madison, WI 53716

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:
Winnie's LLC
521 Cottage Grove Rd, 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 # 82

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 Patricia Harrison

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

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. **29**

Name JP Aspinwall
Address 2913 Maple Run Dr
Madison WI 53719

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # _____

REGISTRANT # _____

Registration Statement - Page 2

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

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

Date _____

Signature _____

Print Name _____