Date: 6/16/2010

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

18763	PLEAS	EPRINT CLE	ARLY .	•		
Agenda No(Required – Can be on registration table	obtained from agenda e.	Name // Address 5	DM DEQUA SZ STATE . ADJÓN, WI	.TTRO St. 53763		
Please check the ap	propriate boxes:	·				
At this meeting are (If you answered "n question.)	speak wish to speak le to answer questions you representing an organization to," STOP; you need not comp	lete the rest of th	er than yourself: is form. If you ans	h to speak o answer ques Yes swered "yes,"	□No	ıext
Are you being paid:	for your representation?		•	Yes	□No	
	s part of your other paid duties o," STOP; you need not comp			☐ Yes wered "yes,"	☐ No ' go on to the n	ıext
Speaking Limits:	Public HearingInformation Hearing				• .	

Other Items......3 minutes

Registration Statement - Page 2

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

Date: 6/16/2010

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Agenda No Required – Can be on registration tabl	obtained from agenda	Name Address 55	OSH HURI 52 STATES Digon, WI	EY 53.763	
Please check the ap	propriate boxes:	•			
Support Wish to Do not			Oppose Wish to spe Do not wish Available to		stions
(If you answered "n question.)	you representing an organizate, "STOP; you need not con	mplete the rest of th	is form. If you ans	•	☐ No " go on to the nex
Name, address and	telephone number of each pe	rson or organization	ı you are represent	ing:	
,					
Are you being paid	for your representation?			☐ Yes	□No
	s part of your other paid dut o," STOP; you need not con			☐ Yes wered "yes,'	☐ No " go on to the nex
Speaking Limits:	Public HearingInformation Hearing Other Items	5 min	utes		• •

Registration Statement - Page 2

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Date		Signature
		Print Name

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		Name (nov Jablonsk	1	
Agenda No.	(o		1402 whisper	^	1 .
	1.	Address	1402 WWsper	ing Pines	s Wey
on registration table	obtained from agenda				/
on registration table	·			<u> </u>	
Please check the app	propriate boxes:	•			
Support	•	. [7]	Oppose		
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<u></u>	le to answer questions			o answer ques	etions
question.)	o," STOP; you need not co	erson or organization		. *	go on to the next
	(608)256-	<u> ۵464 </u>			
			•		·
Are you being paid f	for your representation?		•	☐ Yes	[YNo
	s part of your other paid dut o," STOP; you need not co			☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing	5 min	utes		
	Information Hearing	5 min	utes		
	Other Items	3 min	autes		

$Registration\ Statement-Page\ 2$

Are you governm		lected official who is appearing solely on behalf of your office or for your municipality or other body?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
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Date <u>(</u>	@[1 6]	Signature Jay A. Jablonski Print Name Try Jablonski

Date: 6/16/10

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	Na	me NICK PAZO dress 445 N. LAK	UR
Agenda No	Ad	dress 445 N.LAK	E ST.
Required – Can be of on registration table.	btained from agenda		J= 53715
		<u> </u>	
Please check the appa	opriate boxes:		
Support Wish to s Do not w Available			eak sh to speak to answer questions
	ou representing an organization or ," STOP; you need not complete t		✓ Yes ☐ No swered "yes," go on to the nex
Name, address and te	lephone number of each person or	organization you are represer	iting:
May PUR	- Josh Hurley	, Tom, Cor	/
552	- Josh Hurley State St.	, , , , , , , , , , , , , , , , , , ,	
	08)256-2464		
	or your representation?		Yes No
* **	part of your other paid duties for the state of your other paid duties for the state of the stat		☐ Yes ☐ No swered "yes," go on to the next
Speaking Limits:	Public Hearing Information Hearing		

Registration Statement - Page 2

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Signature Print Name NICK PAZOUR