City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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Agenda No. 29	Addı	ess 17251 E	.IKa Ln
		Madis	An W1 5370
	J	1. (ACV)>	<u>000 001 00 10</u>
Please check the appropriate boxes:			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support	Referendant	1100.000.000	
Oppose			
Neither support nor oppose			
I wish to speak	V		
Available for information only			
(If you answered "no," STOP; you need question.) Name, address and telephone number of			
Are you being paid for your representation Are you appearing as part of your other part of your answered "no," STOP; you need	paid duties for thi	s person or organization? e rest of this form. If you a	Yes No Yes No nswered "yes," go on to the next
question) Speaking Limit:		4 minutes	
REGISTRANT # 11	(See	Back)	

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

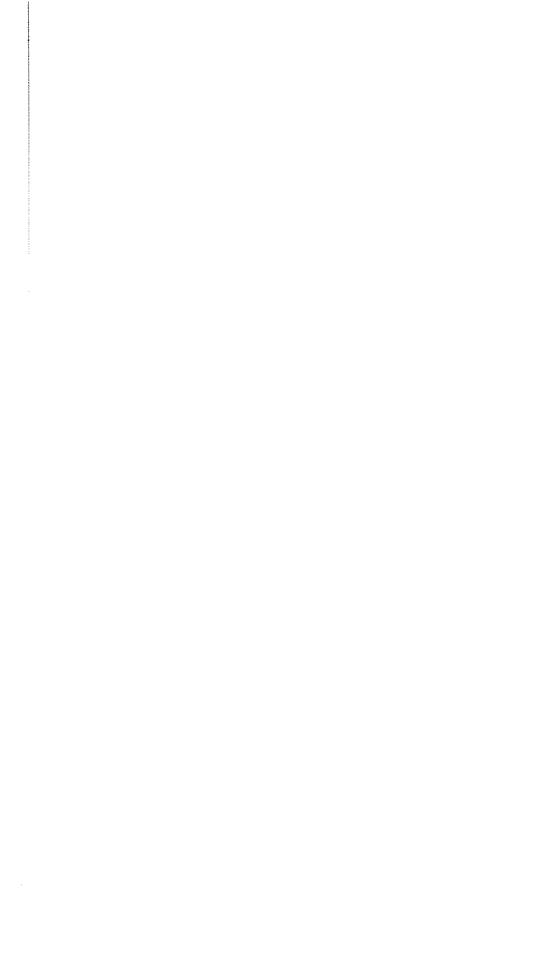
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY Name Agenda No. Address Please check the appropriate boxes: 01985 01881 01880 Repealing smoking ban Hardship Exemption Referendum Support Oppose Neither support nor oppose I wish to speak Available for information only At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form If you answered "yes," go on to the next question) Name, address and telephone number of each person or organization you are representing: Yes ☐ No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question) Speaking Limit:4 minutes (See Back) REGISTRANT # 12

-	Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)				
If you are beithat:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand				
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	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				

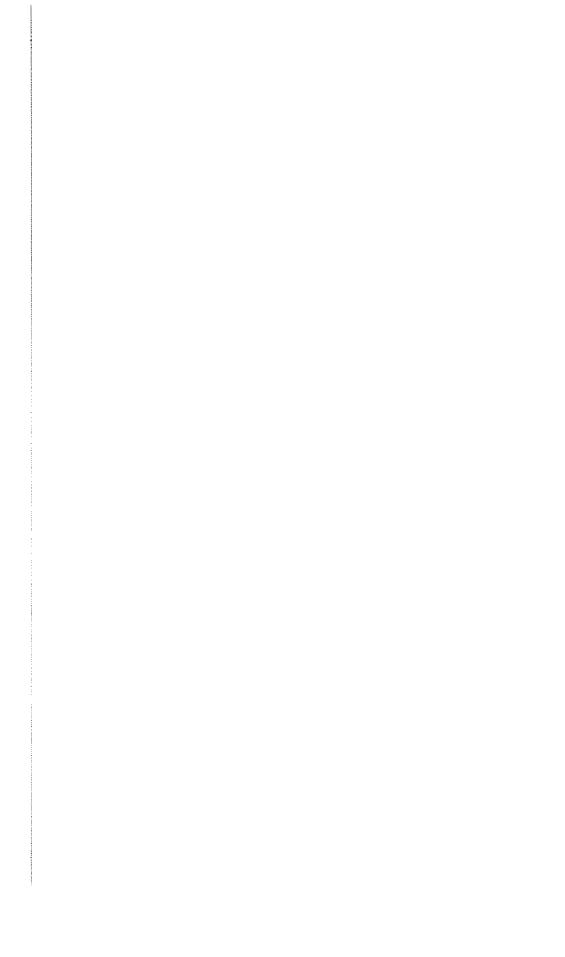


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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Agenda No. 29	Addı	ress 3230 Th	porp St.
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Please check the appropriate boxes:			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support	-		
Oppose			
Neither support nor oppose			
I wish to speak	V	V	
Available for information only			
Name, address and telephone number of	of each person or o	rganization you are represe	nting:
Are you being paid for your representa	ation?		☐ Yes ☑ No
Are you appearing as part of your othe (If you answered "no," STOP; you ne question.)	er paid duties for the eed not complete the	is person or organization? e rest of this form. If you a	Yes No nswered "yes," go on to the nex
Speaking Limit:	***************************************	4 minutes	
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REGISTRANT # 15			

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

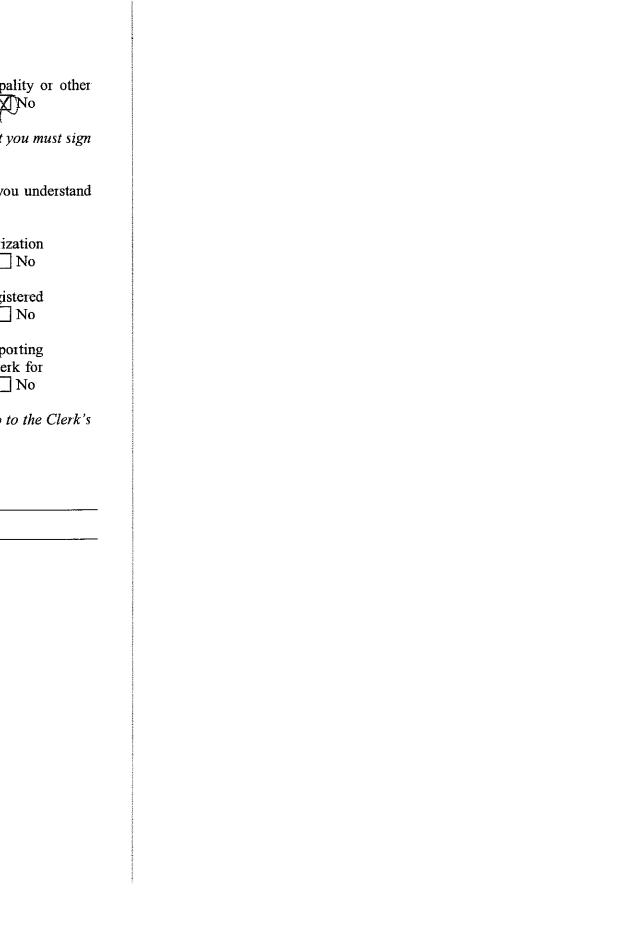


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addi		ZABEL 10044 BWO # 314 (WF
Please check the appropriate boxes:			
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support		~	<u>×</u>
Oppose		\sim	
Neither support nor oppose I wish to speak			A
Available for information only			
Name, address and telephone number of	of each person or or	rganization you are repres	enting:
Are you being paid for your representa	tion?		☐ Yes 🖾 No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	r paid duties for thi ed not complete the	is person or organization? e rest of this form. If you o	Yes XNo answered "yes," go on to the next
Speaking Limit:		4 minutes	
REGISTRANT#_15	(See	Back)	

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, do you understand
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
	vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's from 103 of the City-County Building, Madison, for more information.) Signature
Date //	Print Name DicHOLAS 7888



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

	Name Darb Mercer			
genda No. 29	Addı	ress Presiden	Zev	
		Madisan/	Dane Tavern	
		The second second	Dane Tavern League	
lease check the appropriate boxes:				
	01000	01881	01985	
	01880 Referendum	Hardship Exemption	Repealing smoking ban	
Support	Referendam	Tracesinp Exemption	×	
Oppose	+ V			
Neither support nor oppose				
I wish to speak	+ × -	X	X	
Available for information only				
ame, address and telephone number o	f each person or or County 7	rganization you are represe	nting:	
P.O. BOX 8858	53708		, bit 1	
re you being paid for your representat			☐ Yes ☐ No	
MADISON WI	tion?	is person or organization?	☐ Yes XNo ☐ Yes XNo	
The you being paid for your representative you appearing as part of your other by you answered "no," STOP; you need to be a support of your other than the your answered "no," STOP; you need to be a support of your other than the your answered "no," STOP; you need to be a support of your other than the your answered "no," STOP; you need to be a support of your other than the your answered "no," STOP; you need to be a support of your other than the your other than	tion? paid duties for thied not complete the	is person or organization? e rest of this form. If you a	☐ Yes XNo ☐ Yes XNo	

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	ou an e mental		ppearing solely	y on behalf of your office or fo	or your mun Yes	icipality or other No
		red "yes" to the question, ou answered "no" to the		eed not complete the rest of this f n to the next question)	orm, except t	hat you must sign
If you that:	are bei	ng paid for your represe	ntation, or if y	our appearance is part of other p	oaid duties, d	o you understand
	1	Before you engage in le with the City Clerk?	obbying as a lo	obbyist, you or your principal mu	st file an autl	norization No
	2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?				registered No
	3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?				
(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)						
Date _	91	20/05	Signature	Barbara J	.ever	
			Print Name	Barbara J	MER	ecer

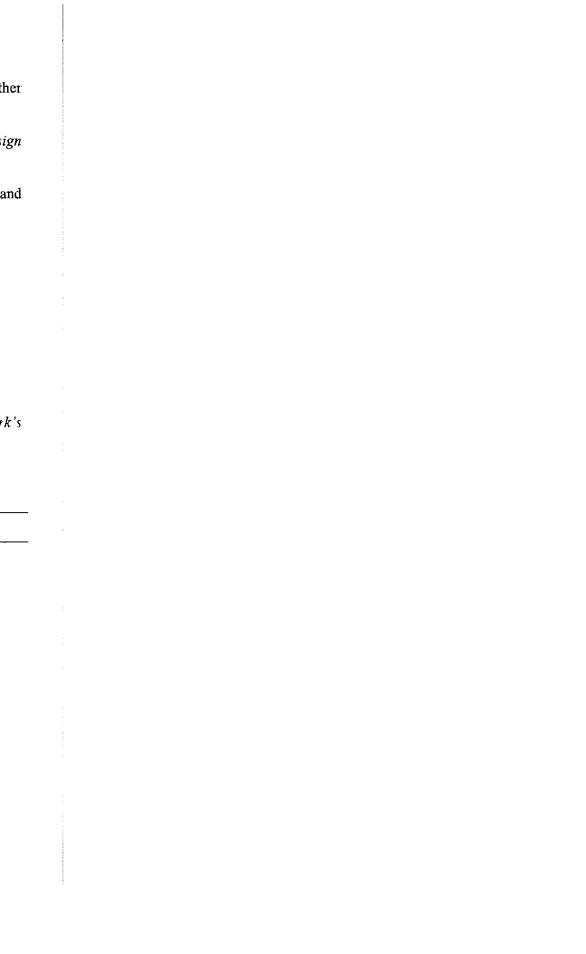
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

		e JOE KI	
Agenda No. 29	Addı	ess 4504 RAYW	1000 PD.
		MADISON	Di 537/6
Please check the appropriate boxes:			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support			
Oppose			
Neither support nor oppose			
I wish to speak	<u> </u>		
Available for information only			
	cu noi compress ma	e rest of this form. If you a	inswered "yes," go on to the nex
question.) Name, address and telephone number of	of each person or or		enting:
question.) Name, address and telephone number of	of each person or or		
Are you being paid for your representative Are you appearing as part of your other (If you answered "no," STOP; you ne question.)	of each person or	rganization you are representation?	enting: ☐ Yes ☑ No ☐ Yes ☑ No
Are you being paid for your representative you appearing as part of your other (If you answered "no," STOP; you ne	of each person or	s person or organization?	☐ Yes ☑ No

Are you an e governmental	elected official who is appearing solely on behalf of body?	of your office or for your munic Yes	ipality or other No
	red "yes" to the question, STOP. You need not complou answered "no" to the question, go on to the next q		at you must sign
If you are bei that:	ng paid for your representation, or if your appearance	ce is part of other paid duties, do	you understand
1.	Before you engage in lobbying as a lobbyist, you o with the City Clerk?	τ your principal must file an autho ☐ Yes	orization No
2.	Your principal is not permitted to authorize you t with the City Clerk?	to lobby unless the principal is re	egistered No
3.	If your principal spends or will owe more than \$5 period (calendar quarter), the principal must file exthe remaining quarters of the calendar year?		
(If you answer Office at Room	red "no" to any of the last three questions, please can 103 of the City-County Building, Madison, for more	ll the City Clerk at 266-4601 or g information)	to the Clerk's
Date	Signature		
	Print Name		



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

	7	2004 5	C 0 44 0000		
	Name	e PAUL F.	GRINDROD		
Agenda No. 29	Addı	ess AZZI ESC	CH LANE		
		M A DISON	GRINDROD CH LANE WI 53704		
		1111111111	W + 2 - 1 -		
Please check the appropriate boxes:					
	01880	01881	01985		
	Referendum	Hardship Exemption	Repealing smoking ban		
Support		X			
Oppose	X				
Neither support nor oppose					
I wish to speak					
Available for information only	<u> </u>				
At this meeting are you representing an o (If you answered "no," STOP; you need question.) Name, address and telephone number of o	not complete the	e rest of this form. If you i	answerea yes, go on to the hext		
Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes No No (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 # 24 (See Back)					

	ou an e nmental	body? See No.
		red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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		red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information)
Date ₋	9/2	o/05 Signature Paul & Signature PAUL E. GRINDROD

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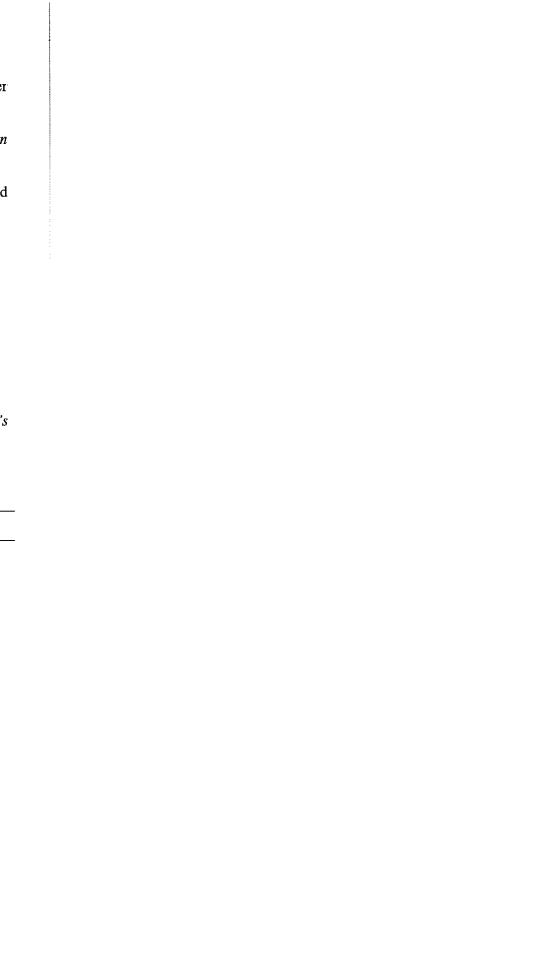
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY Name Agenda No. Address Please check the appropriate boxes: 01985 01881 01880 Repealing smoking ban Hardship Exemption Referendum Support Oppose Neither support nor oppose I wish to speak Available for information only At this meeting are you representing an organization or a person other than yourself: No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nex question) Name, address and telephone number of each person or organization you are representing: 4502 Helgosen Trive No No Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nex question) Speaking Limit:4 minutes (See Back) **REGISTRANT**#

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Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?							
	(If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)						
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Date	Signature						
	Print Name						

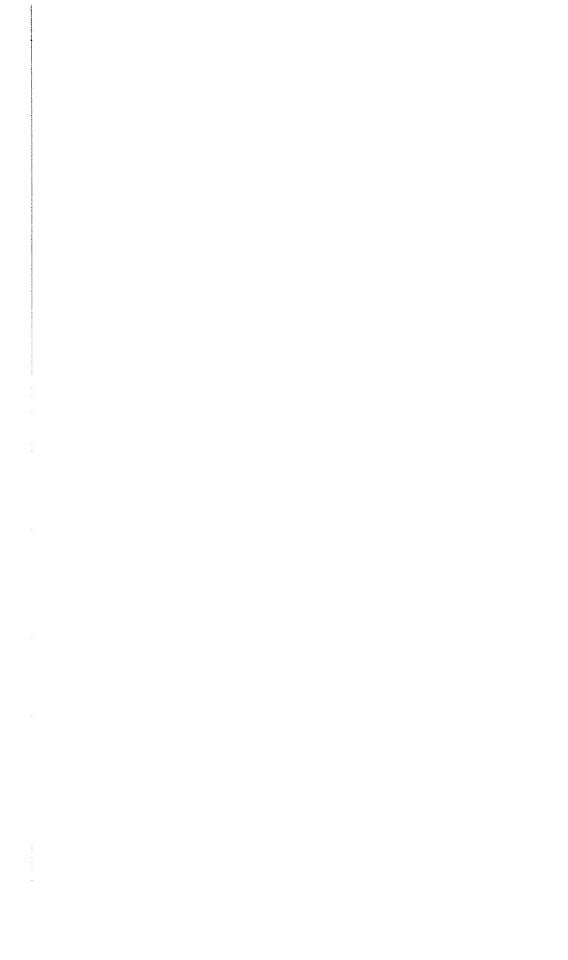


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Support Oppose Neither support nor oppose I wish to speak Available for information only At this meeting are you representing an org (If you answered "no," STOP; you need n	01880 Referendum	01881 Hardship Exemption person other than yourself	nangstad on St. #1 wf 53703 O1985 Repealing smoking ban
Oppose Neither support nor oppose I wish to speak	01880 Referendum	01881 Hardship Exemption person other than yourself	01985 Repealing smoking ban
Oppose Neither support nor oppose I wish to speak Available for information only At this meeting are you representing an org (If you answered "no," STOP; you need n	Referendum	Hardship Exemption person other than yourself	Repealing smoking ban
Oppose Neither support nor oppose I wish to speak Available for information only At this meeting are you representing an organ organ of the speak o	Referendum	Hardship Exemption person other than yourself	Repealing smoking ban
Oppose Neither support nor oppose I wish to speak Available for information only At this meeting are you representing an org (If you answered "no," STOP; you need n	ganization or a	person other than yourself	
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Neither support nor oppose I wish to speak Available for information only At this meeting are you representing an orgout you answered "no," STOP; you need no	ganization or a	person other than yourself	· Dyes No
I wish to speak Available for information only At this meeting are you representing an org If you answered "no," STOP; you need n	ganization or a	person other than yourself	: Dyes No
Available for information only At this meeting are you representing an org If you answered "no," STOP; you need n	ganization or a	person other than yourself	· Dyes No
At this meeting are you representing an org	ganization or a	person other than yourself	· Dyes No
Name, address and telephone number of ea	ach person or or	rganization you are represo	enting:
Are you being paid for your representation		an argonization?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need need need need need need need nee	id duties for thi not complete the	is person or organization? e rest of this form. If you a	
Speaking Limit:	************	4 minutes	
REGISTRANT # 27	(See	Back)	

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?					
	red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)				
If you are being that:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand				
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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.

Agenda No. 29	Nam Addi	e Jim Band A ress 201 Ski Madison	Ct		
Please check the appropriate boxes:					
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban		
Support					
Oppose					
Neither support nor oppose					
I wish to speak Available for information only					
Name, address and telephone number of	each person or or	ganization you are represe	nting:		
Are you being paid for your representation?					
Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)					
Speaking Limit:	•••••	4 minutes			
REGISTRANT # 22	(See	Back)			

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	Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?					
(If you this fo	(If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question)					
If you that:	are beir	ng paid for your representation, or if your appearance is part of other paid duties, do you understand				
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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)						
Date ₋	9-20-	Signature Print Name Tim Butter				

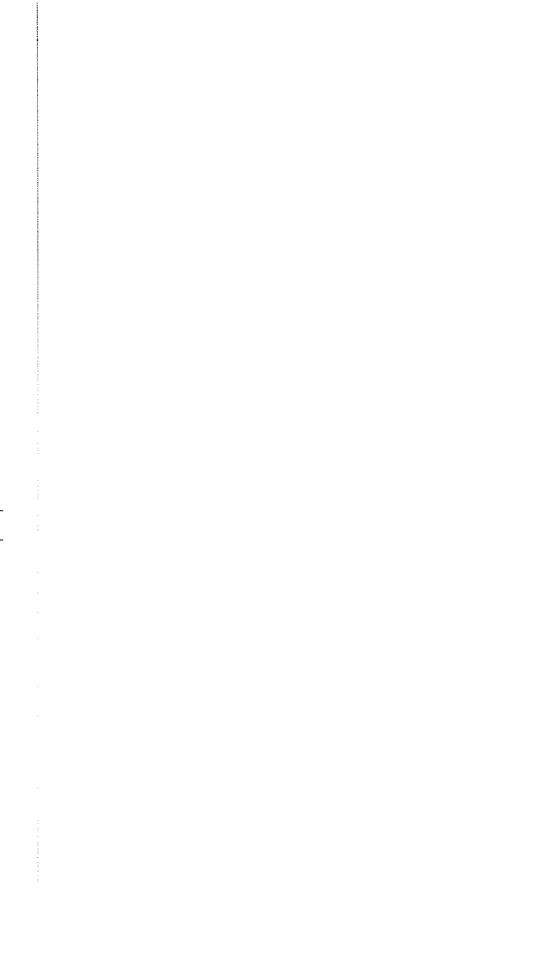
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addi	7001	hite Jon St Apt 205 WI S3708		
Please check the appropriate boxes:					
Support	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban		
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 You (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing:					
Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next					
question.) Speaking Limit:4 minutes					
REGISTRANT # 29	(See	Back)			

Are you an egovernmental	elected official who is appearing solely on behalf of your office or for your municipality or other body?
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are beithat:	ing paid for your representation, or if your appearance is part of other paid duties, do you understand
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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?
(If you answe Office at Room	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

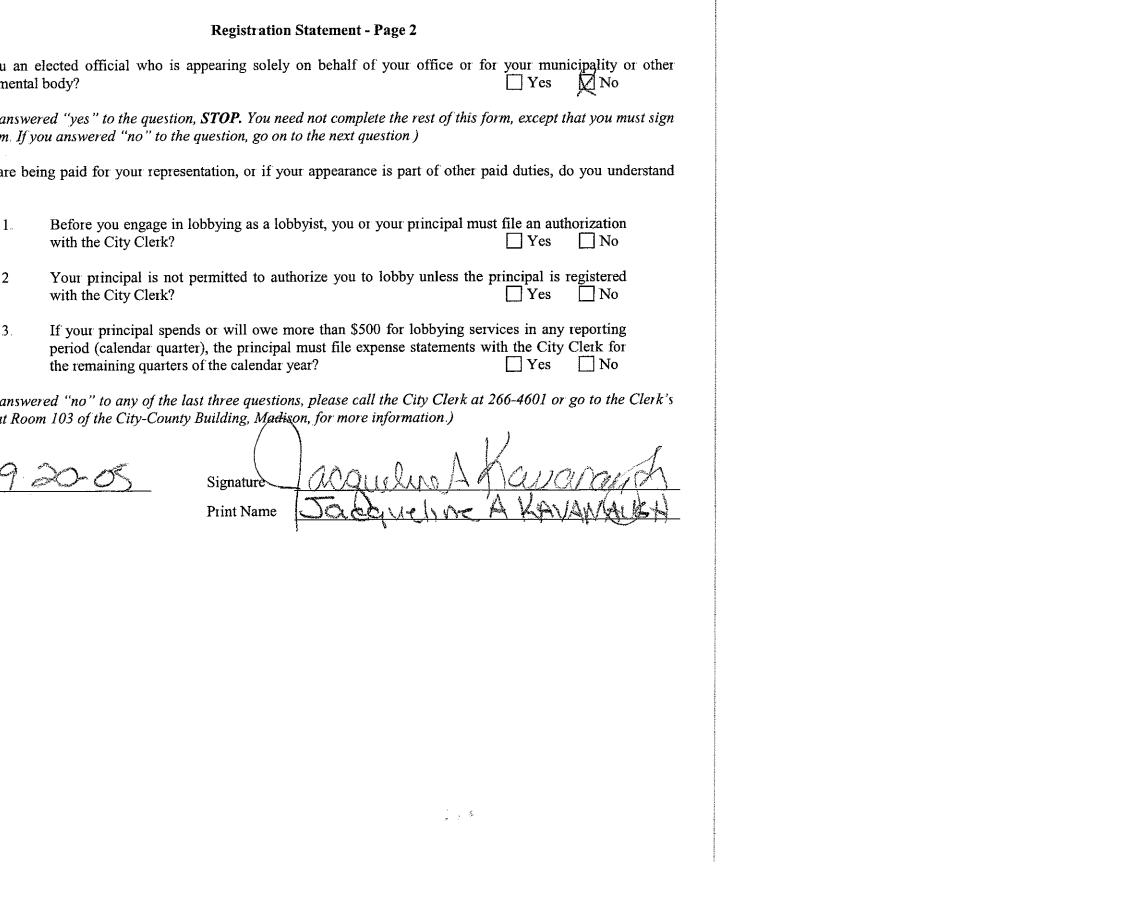


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addi		PROTOR ST WI 53704		
Please check the appropriate boxes:					
Support Oppose Neither support nor oppose	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban		
I wish to speak Available for information only			<u>X</u>		
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing:					
Are you being paid for your representation?					
Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)					
Speaking Limit:4 minutes					
REGISTRANT # 74	(See	Back)			

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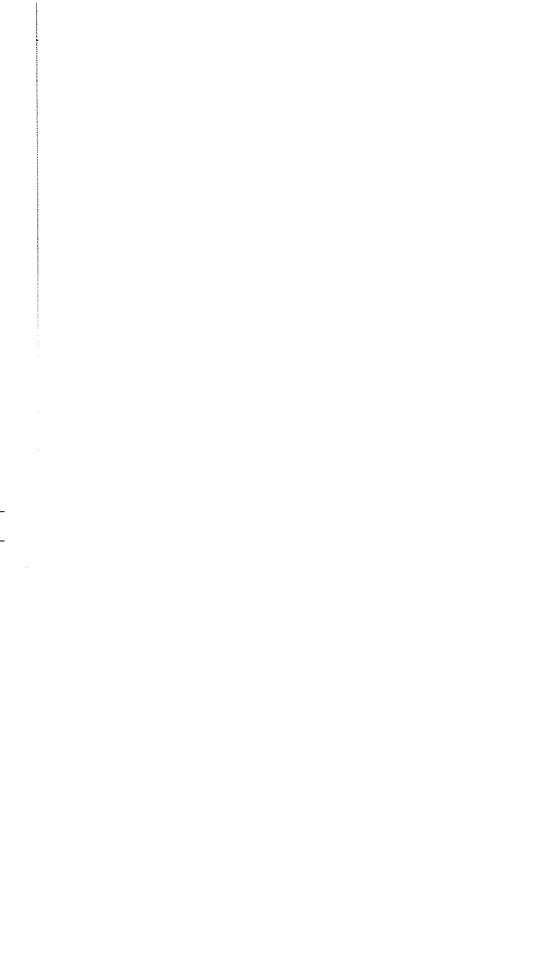
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addr	ress 1902 L	Buchs onderdern Dr. HD 53764
Please check the appropriate boxes:			
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
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1.,	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
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Date	Signature
	Print Name



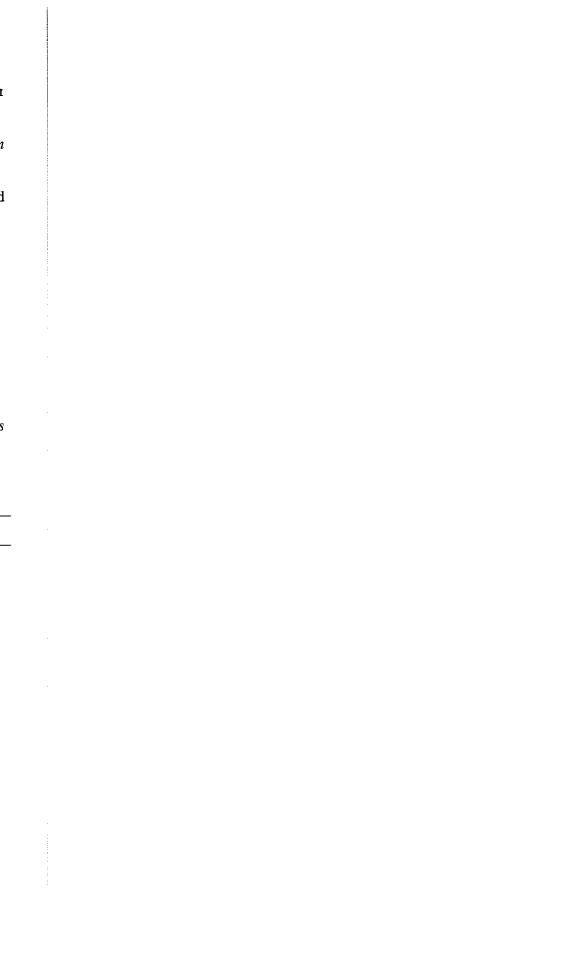
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addı	e <u>Ro<i>(3)</i>.</u> ress 56/2	N GOLDBERG TONYAWATHA
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Please check the appropriate boxes:		· · · · · · · · · · · · · · · · · · ·	,
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		If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
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Date _		Signature Print Name



City of Madison Registration Statement - Common Council

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Agenda No. 29	Nam Addi	$\frac{\text{Scott}}{\text{Sess}} = \frac{5313 \text{ K}}{5313 \text{ K}}$	TOOMEY VAMME LAWE or 53716
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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NI			
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	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
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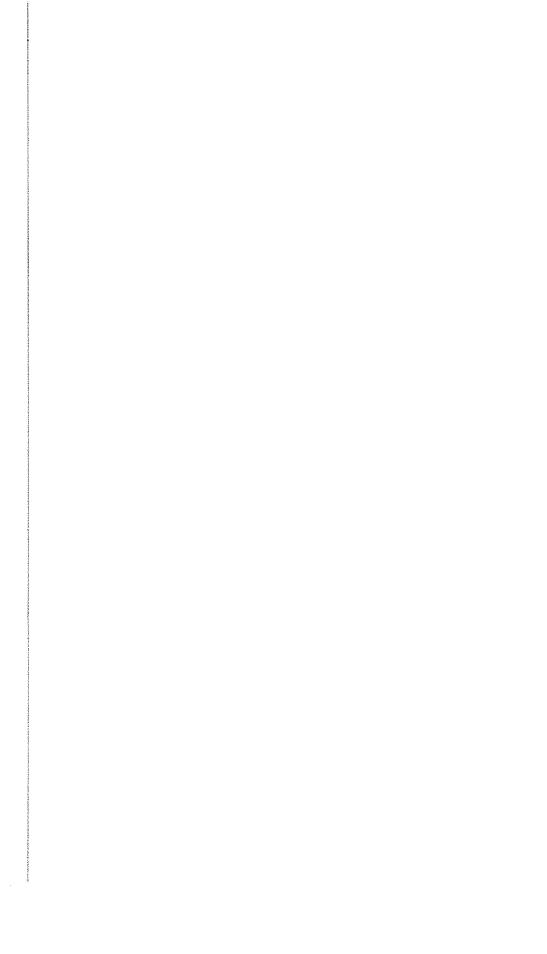
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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Please check the appropriate boxes:			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
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Are you being paid for your representat	tion?		☐ Yes ☐ No
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Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
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1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
(If you answ Office at Roo	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
Date	Signature
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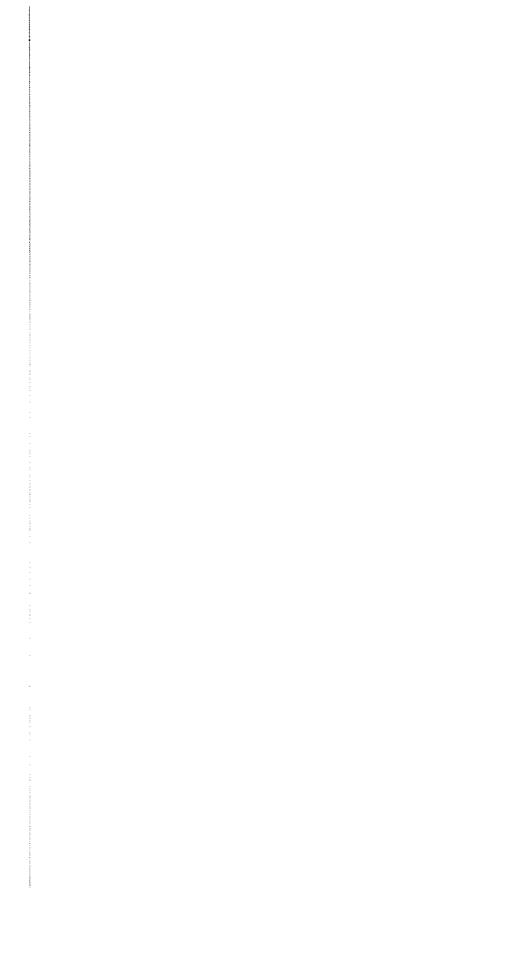


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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Please check the appropriate boxes:			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
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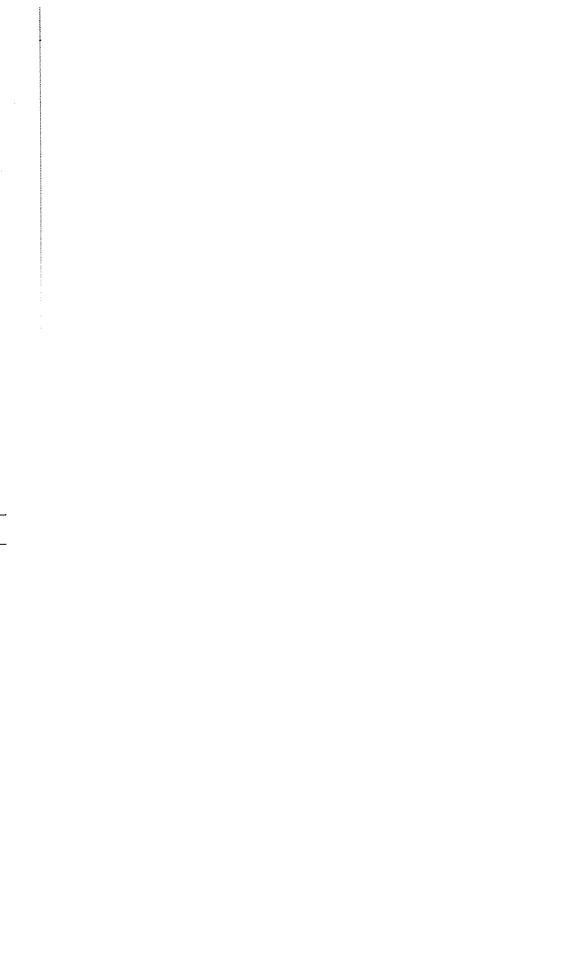


City of Madison Registration Statement - Common Council

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	Nam	e Craig J.	Ballweg
Agenda No. 29	Addı	ess 1117 Bay	Ridae Rd.
		madison,	W I 53716
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	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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Support Oppose	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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Please check the appropriate boxes:			
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Neither support nor oppose			
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Available for information only			
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Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?				
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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.)				
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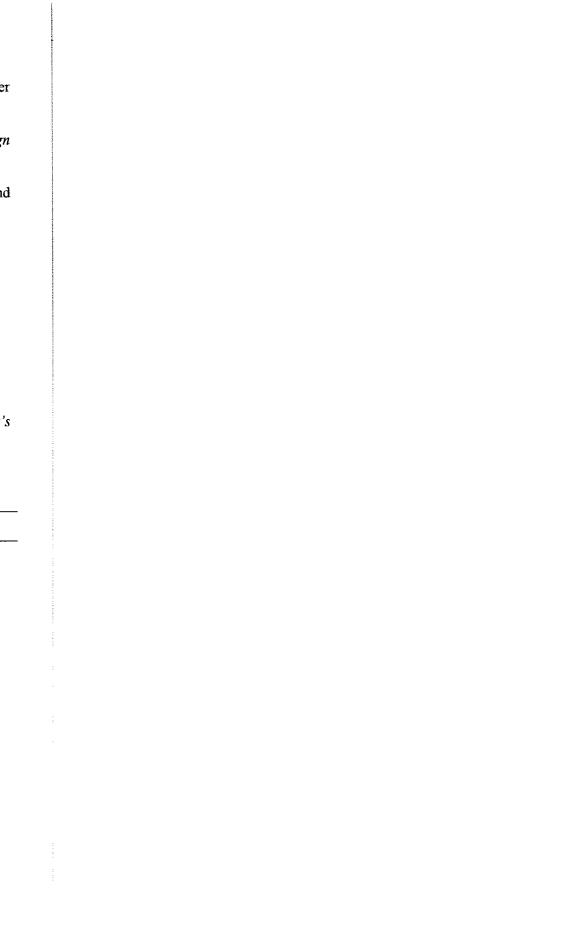
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City of Madison Registration Statement - Common Council

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	Referendum	Hardship Exemption	Repealing smoking ban
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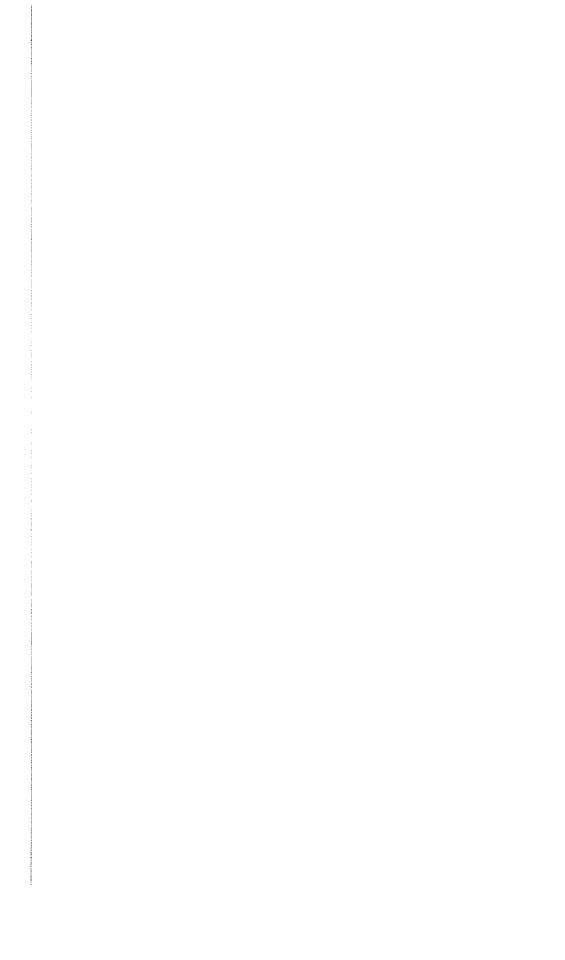


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addi		nd - Main St 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				
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Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)				
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	Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?						
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2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?						
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	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information.)						
Date	Signature						
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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I wish to speak			
Available for information only			
Name, address and telephone number of	each person or or	rganization you are represe	enting:
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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?			
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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Please check the appropriate boxes:			
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose			
Neither support nor oppose			
I wish to speak			
Available for information only			
Name, address and telephone number o	f each person or or	rganization you are represe	enting:
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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City of Madison Registration Statement - Common Council

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Please check the appropriate boxes:			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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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)							
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		Print Name	Steve Fisher	- 			



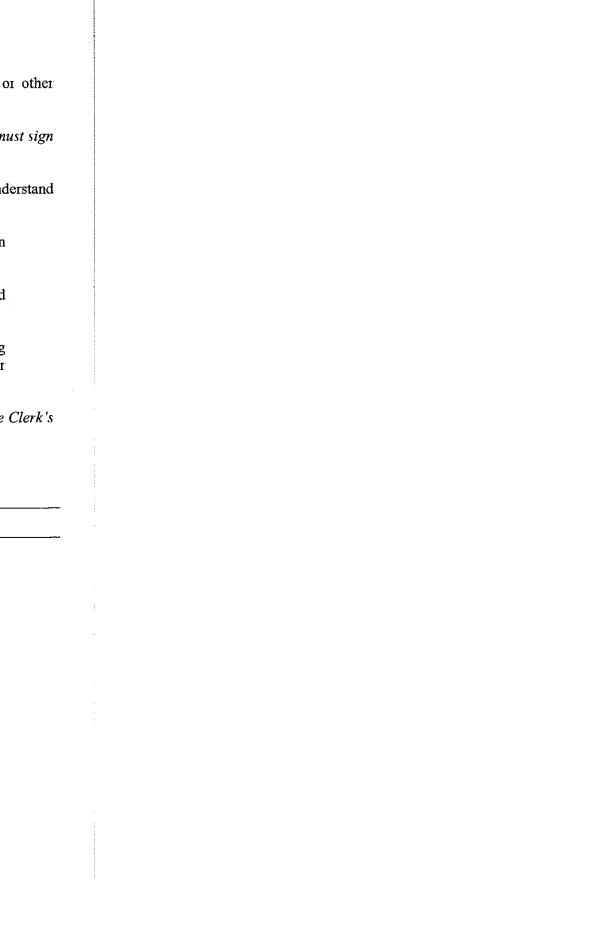
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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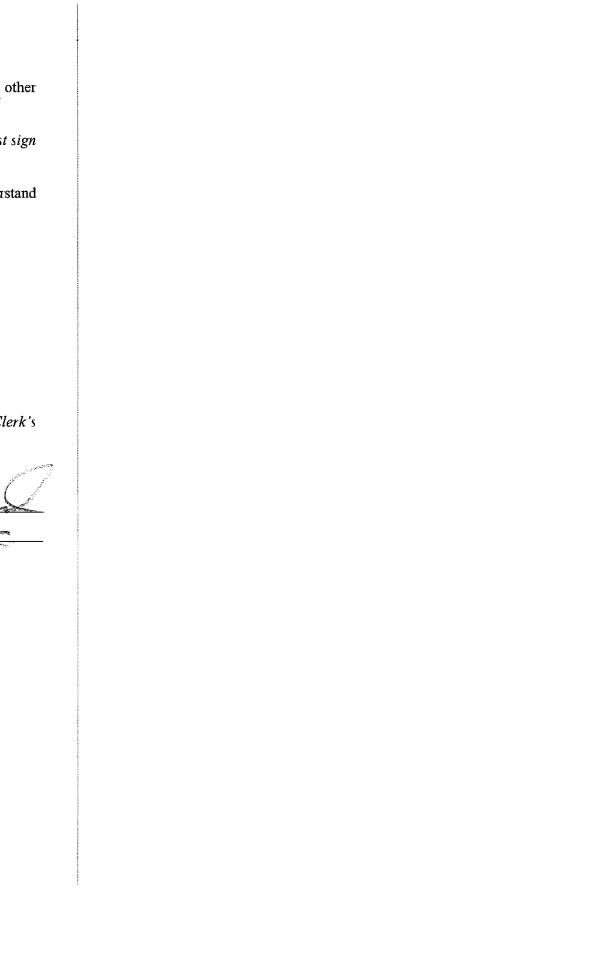
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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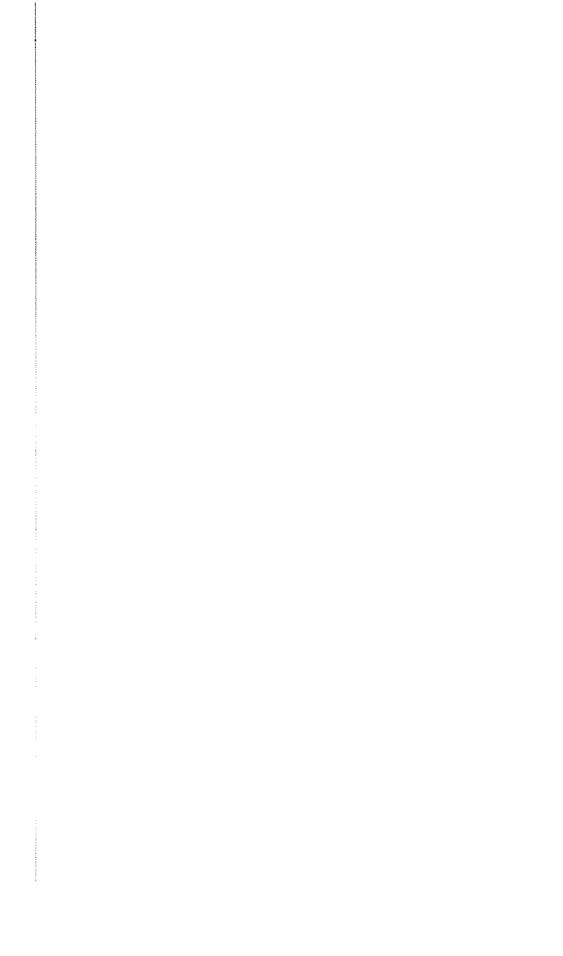
City of Madison Registration Statement - Common Council

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	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
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Date	Signature				
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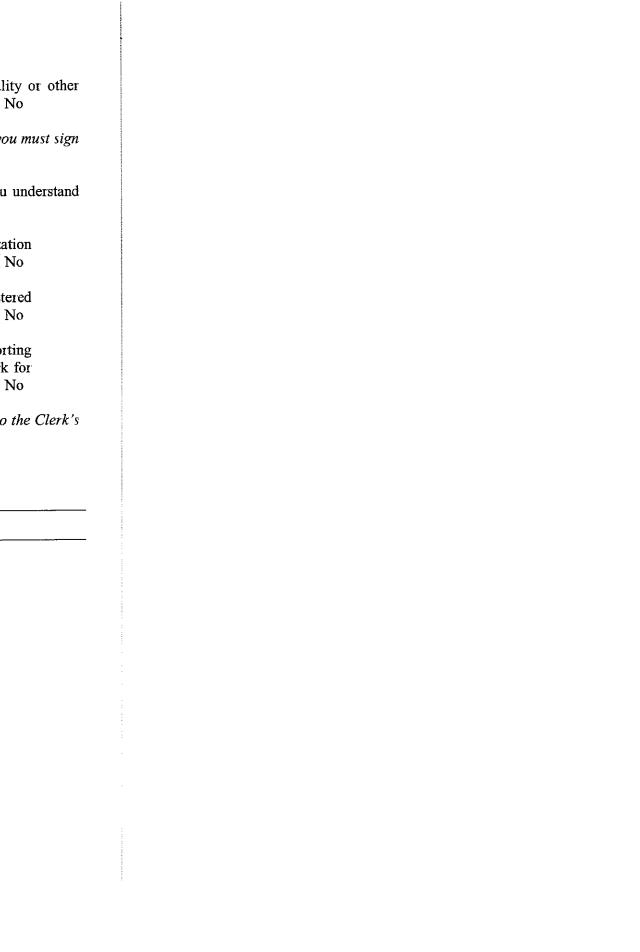
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Name IMM HEATH Address 3417 Home Ave Midison, wi 93714				
Please check the appropriate boxes:					
Support Oppose Neither support nor oppose I wish to speak Available for information only At this meeting are you representing an (If you answered "no," STOP; you need question.) Name, address and telephone number of	d not complete the	e rest of this form. If you a	nswered "yes," go on to the next		
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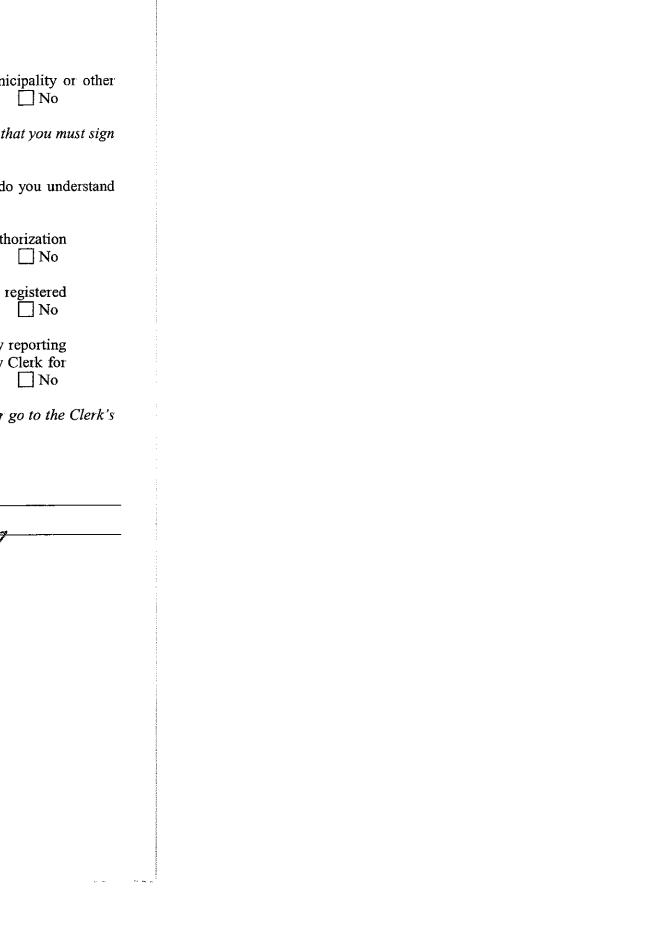


City of Madison Registration Statement - Common Council

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	Nam	e John Gr	veneborg ne Ave WI 53714		
Agenda No. 29	Addı	ress <u>3417 Har</u>	ne Ave		
		Modison	WI 53714		
Please check the appropriate boxes:					
	01880	01881	01985		
	Referendum	Hardship Exemption	Repealing smoking ban		
Support					
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Name, address and telephone number of	each person or or	ganization you are represe	enting:		
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Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?					
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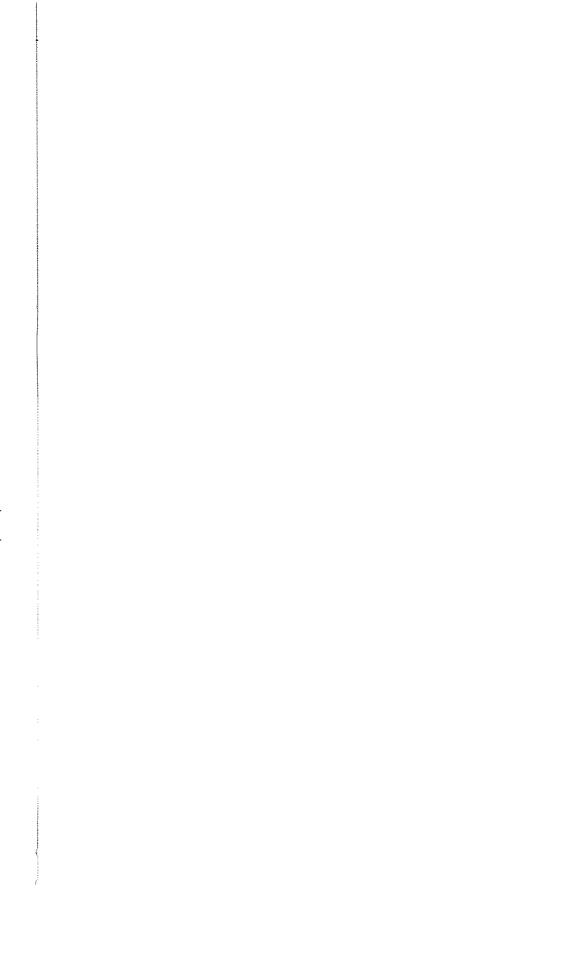


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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1	Before you engage in lol with the City Clerk?	obying as a lobb	yist, you or your prind	cipal must file an au	thorization No
2	Your principal is not pe with the City Clerk?	rmitted to author	orize you to lobby un	less the principal is	registered No
3	If your principal spends period (calendar quarter) the remaining quarters of), the principal 1	nust file expense state	oying services in an ements with the City Yes	y reporting y Clerk for No
	swered "no" to any of the lass Coom 103 of the City-County B				r go to the Clerk's
Date		Signature			
		Print Name			

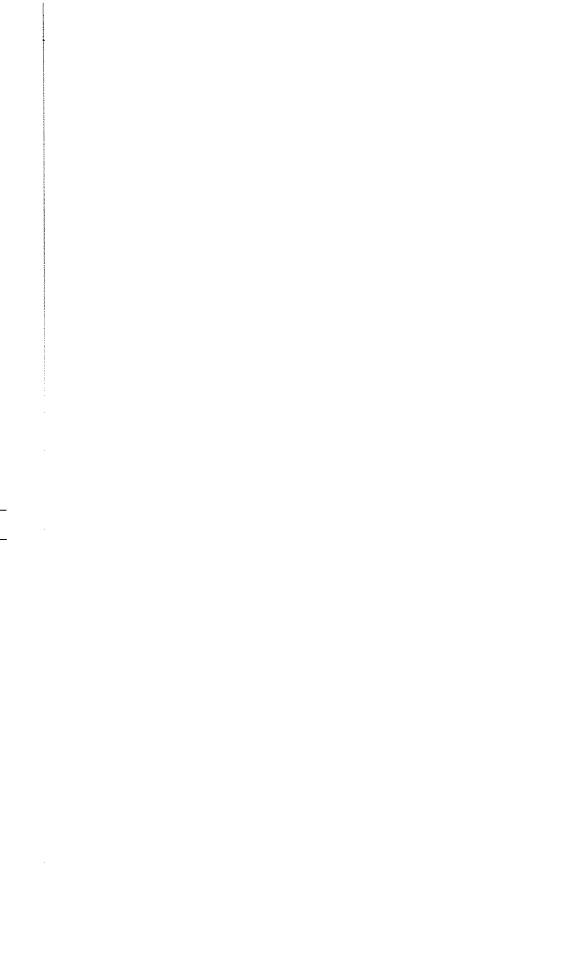


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

	Nam	· JOE OCA	11<<:
Agenda No. 29		ress <u>5009 m</u>	ESA PL
Agenda 110.	Addi		
·		MONONY	N 9 2 // 6
Please check the appropriate boxes:			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support			
Oppose		Y	
Neither support nor oppose			
I wish to speak			
Available for information only			
Name, address and telephone number of	of each person or or	ganization you are represe	enting:
Are you being paid for your representa	tion?		☐ Yes ☑ No
Are you appearing as part of your other (If you answered "no," STOP; you need question)	r paid duties for thi	s person or organization? e rest of this form. If you a	Yes No nswered "yes," go on to the next
Speaking Limit:		4 minutes	
REGISTRANT # 97	(See	Back)	

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



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addı		st whowo
Please check the appropriate boxes:			
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose			
Neither support nor oppose			
I wish to speak			
Available for information only			
Name, address and telephone number of	of each person or or	ganization you are repres	enting:
4 1	4:9		☐ Yes ☐ No
Are you being paid for your representa	tion?		
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	r paid duties for thi ed not complete the	s person or organization? e rest of this form. If you	Yes No answered "yes," go on to the next
Speaking Limit:	***************************************	4 minutes	
REGISTRANT # 94	(See	Back)	

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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.)
If you a that:	re bein	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
	1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2	2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
	3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
		ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's a 103 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addı	- Company	Silmore Dahle St.	
Please check the appropriate boxes:				
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban	
Support	X	X		
Oppose Neither support not oppose		<u></u>		
I wish to speak			*	
Available for information only				
(If you answered "no," STOP; you need question.) Name, address and telephone number of				
Are you being paid for your representation? Are you appearing as part of your other 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 # 93				

: <u>-</u>			

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

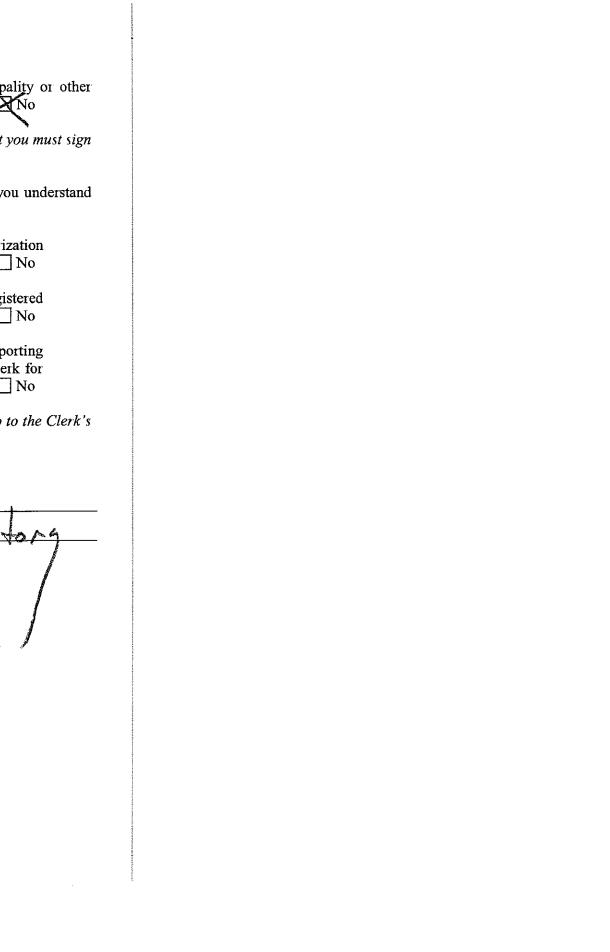
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

		TKINI NAME CEEAKET		
Agenda No. 29	Nam Addı	11.57	Story evythan Pd	
Please check the appropriate boxes:		5	371/	
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban	
Support				
Oppose				
Neither support nor oppose				
I wish to speak				
Available for information only				
question.) Name, address and telephone number	er of each person or or	rganization you are represe	enting:	
Are you being paid for your represe	ntation?		☐ Yes No	
Are you appearing as part of your of (If you answered "no," STOP; you question.)	ther paid duties for this need not complete the	is person or organization? e rest of this form. If you a	Yes No unswered "yes," go on to the next	
Speaking Limit:		4 minutes		
DECICEDANG 4 47	(See	Back)		
REGISTRANT #				

Are you an egovernmental	elected official who is appearing solely on behalf of your office or for your municipality or other Libody?
	ered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are beithat:	ing paid for your representation, or if your appearance is part of other paid duties, do you understand
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
(If you answer	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date <u>20</u>	Sent 05 Signature Print Name Richaid Short



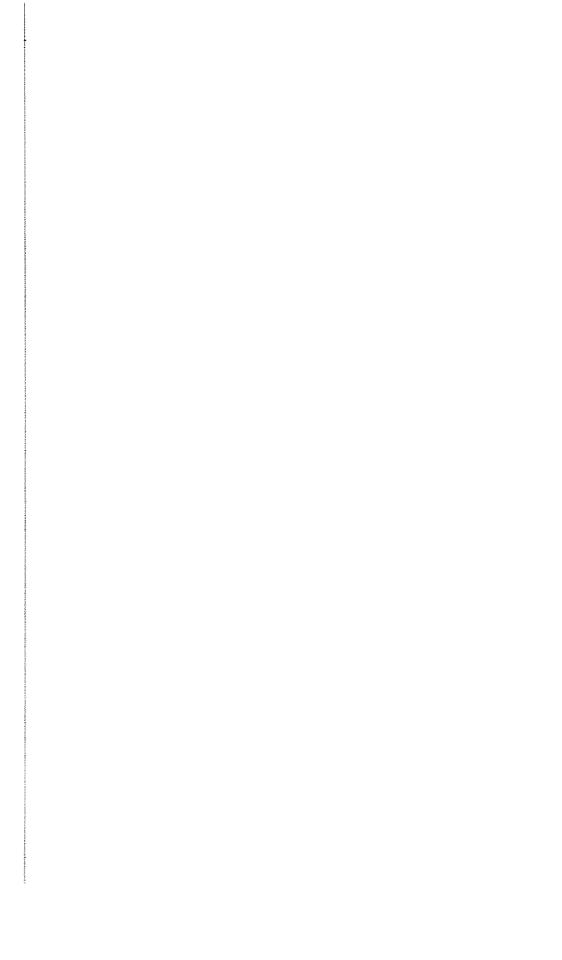
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

			
Agenda No. 29	Nam Addı	1 2 22	Arnoe Rel Trongey Rel
Please check the appropriate boxes:			··· §
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose			
Neither support nor oppose			
I wish to speak			
Available for information only			
At this meeting are you representing an of (If you answered "no," STOP; you need question.) Name, address and telephone number of	l not complete the	e rest of this form. If you a	nswered "yes," fo on to the next
Are you being paid for your representation. Are you appearing as part of your other of the second o	oaid duties for thi	e rest of this form. If you a	Yes No Yes No nswered "yes," go on to the next
Speaking Limit:	***************	4 minutes	
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question,)	
Name, address and telephone number of each person or organization you are representing:	
Are you being paid for your representation?	
are you being paid for your representation.	
Are you appearing as part of your other paid duties for this person or organization? \(\sum \subseteq \text{Yes} \sum \subseteq \text{No}\) (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 # 89	

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?							
		ed "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)					
If you that:	are bein	g paid for your representation, or if your appearance is part of other paid duties, do you understand					
	1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No					
	2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No					
	3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?					
(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					
	Nam	e Michael	1 Lamperski		
Agenda No. 29	Addr	ess /648 C	enital Asia		
			53705		
Please check the appropriate boxes:					
	01880	01881	01985		
	Referendum	Hardship Exemption	Repealing smoking ban		
Support			V gar		
Oppose					
Neither support nor oppose					
I wish to speak			<u> </u>		
Available for information only					
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing:					
Are you being paid for your representation?					
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					
RECISTRANT # 92 (See Back)					

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



City of Madison Registration Statement - Common Council

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Agenda No. 29	Nam Addı	e Jason Walke Jess 311 E John	usen Sf #306 US 53703 1575
		Ad lica 1	15 63703 1575
		- Madison	01 17407 BB
Please check the appropriate boxes:		1	
rease check the appropriate boxes.			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support		X	×
Oppose			
Neither support nor oppose	X		
I wish to speak			X
Available for information only			
Name, address and telephone number o			nting: ☐ Yes ☑ No
			□ Yes No
Are you appearing as part of your other (If you answered "no," STOP; you nee question.)	paid duties for thi ed not complete the	s person or organization? e rest of this form. If you ar	
Speaking Limit:		4 minutes	

question.)	
Speaking Limit:	
REGISTRANT #	86

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

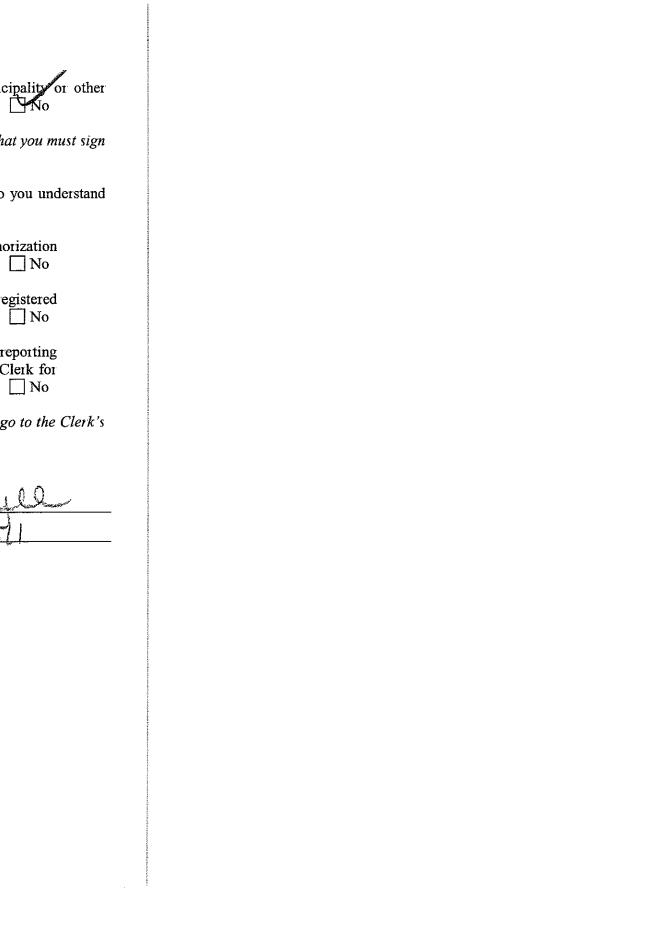
You must register before the Council considers your item.

	No. of the second secon				
Agenda No. 29	Nam Addi	100	AAlberyll voland styla vot 53704		
Please check the appropriate boxes:					
	01880	01881	01985		
	Referendum	Hardship Exemption	Repealing smoking ban		
Sunnort	Referendum	Harasinp Exemption	X		
Support Oppose		Y			
Neither support nor oppose					
I wish to speak			1		
Available for information only					
(If you answered "no," STOP; you ne question) Name, address and telephone number of					
Are you being paid for your representation Are you appearing as part of your other (If you answered "no," STOP; you ne question.)	or paid duties for thi	s person or organization? e rest of this form. If you o	Yes No Yes No answered "yes," go on to the next		
Speaking Limit:	••••••	4 minutes			
REGISTRANT # 84	(See	Back)			

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Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?						
• /	red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)					
f you are bei hat:	ing paid for your representation, or if your appearance is part of other paid duties, do you understand					
1.,	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?					
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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?					
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 Sopt 20, 2005 Signature Chleen A. Albertul						



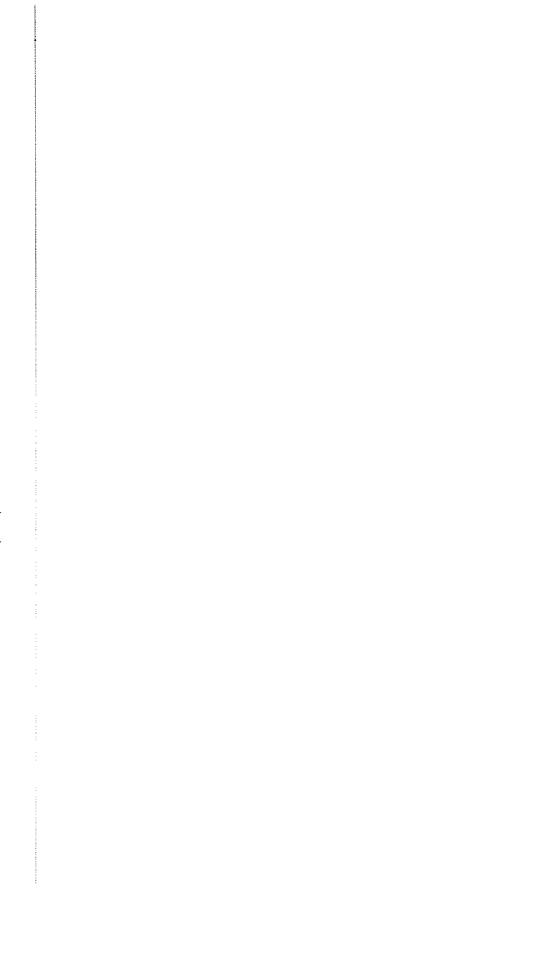
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

		21112	
Agenda No. 29	Nam Addr	ess 5240 f	tarbor Ct.
Please check the appropriate boxes:		·	
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support	1 lastres		
Oppose			
Neither support nor oppose			
I wish to speak			*
Available for information only			
Name, address and telephone number of	of each person or or	ganization you are represe	enting:
Are you being paid for your representa	tion?		☐ Yes ☑ No
Are you appearing as part of your othe (If you answered "no," STOP; you ne question.)	r paid duties for thi ed not complete the	s person or organization? e rest of this form. If you a	Yes No Inswered "yes," go on to the next
Speaking Limit:	••••••	4 minutes	
(See Back)			

Agenda No. 29	Name Addr	ess Sacque Madison	Janbor Ct. WI 53201		
Please check the appropriate boxes:					
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban		
Support	1 lastres.				
Oppose					
Neither support nor oppose					
I wish to speak			~		
Available for information only					
Name, address and telephone number of Are you being paid for your representation		ganization you are repres	enting:		
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 # 83 (See Back)					

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



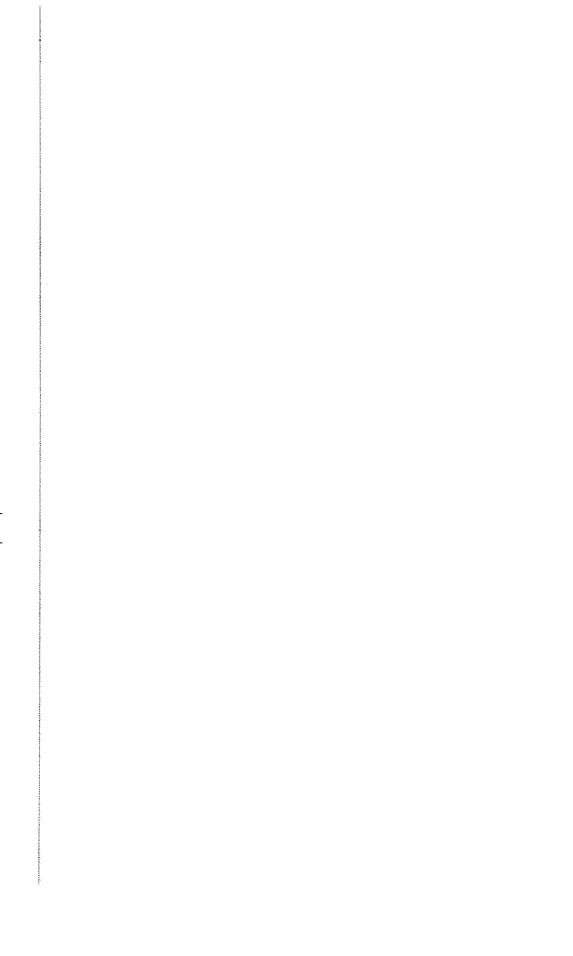
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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Repealing s	moking ban
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Yes	No No
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2103
01985
Repealing smoking ban
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red "yes," go on to the nex
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☐ Yes No ☐ Yes No red "yes," go on to the nex
□ Yes No
red "yes," go on to the nex

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	wered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign f you answered "no" to the question, go on to the next question)			
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, do you understand			
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2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?			
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	wered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's com 103 of the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			

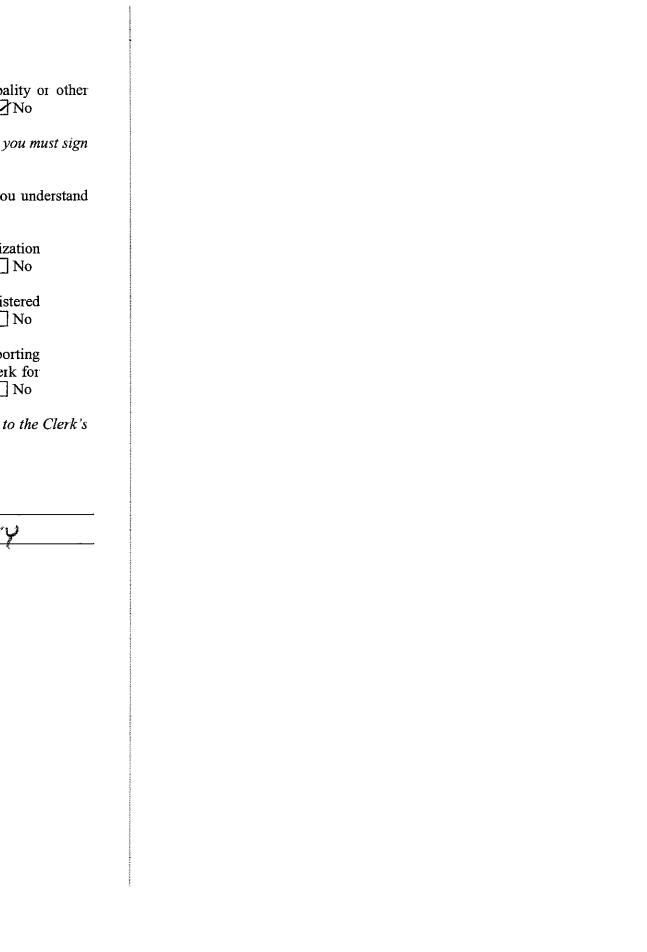


City of Madison Registration Statement - Common Council

	Nam	e DAVID W	1GANOUSKY
Agenda No. 29	Addı	ess 1901 AbEA	26 AV
		Madienal	Les, 53904
Please check the appropriate boxes:			
	01000	01001	01985
	01880 Referendum	01881 Hardship Exemption	Repealing smoking ban
Cumport	Referendum	Hardship Exemption	Repeating smoking ban
Support Oppose	+/	1/	
Neither support nor oppose			
I wish to speak			
Available for information only At this meeting are you representing are you answered "no," STOP; you ne nuestion.)	n organization or a ed not complete the	person other than yourself: e rest of this form. If you ar	Yes No nswered "yes," go on to the ne
At this meeting are you representing are you answered "no," STOP; you ne	ed not complete the	e rest of this form. If you a	nswered "yes," go on to the ne
At this meeting are you representing are you answered "no," STOP; you ne uestion.)	ed not complete the	e rest of this form. If you a	nswered "yes," go on to the ne
At this meeting are you representing are four answered "no," STOP; you ne westion.) Name, address and telephone number of	ed not complete the of each person or or tion?	e rest of this form. If you are represe ganization you are represe s person or organization?	nswered "yes," go on to the ne nting: Yes No
At this meeting are you representing are you answered "no," STOP; you ne westion.) Name, address and telephone number of the you being paid for your representative you appearing as part of your other than you answered "no," STOP; you ne	ed not complete the of each person or	e rest of this form. If you are represe ganization you are represe s person or organization? The rest of this form. If you are	nswered "yes," go on to the ne nting: Yes No

You must register before the Council considers your item.					
	PRINT NAME CLEARLY				
Agenda No. 29	Name DAVID WIGANOWSKY Address 1901 Abere Av MAdison Lety 53904				
Please check the appropriate boxes:					
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban		
Support					
Oppose	V				
Neither support nor oppose					
I wish to speak		V			
Available for information only					
question) Name, address and telephone number of	f each person or or	ganization you are repres	senting:		
Are you being paid for your representati	ion?		Yes No		
Are you appearing as part of your other (If you answered "no," STOP; you nee question.)	paid duties for this d not complete the	s person or organization? erest of this form. If you	Yes No answered "yes," go on to the next		
Speaking Limit:		4 minutes			
REGISTRANT #	(See	Back)			

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

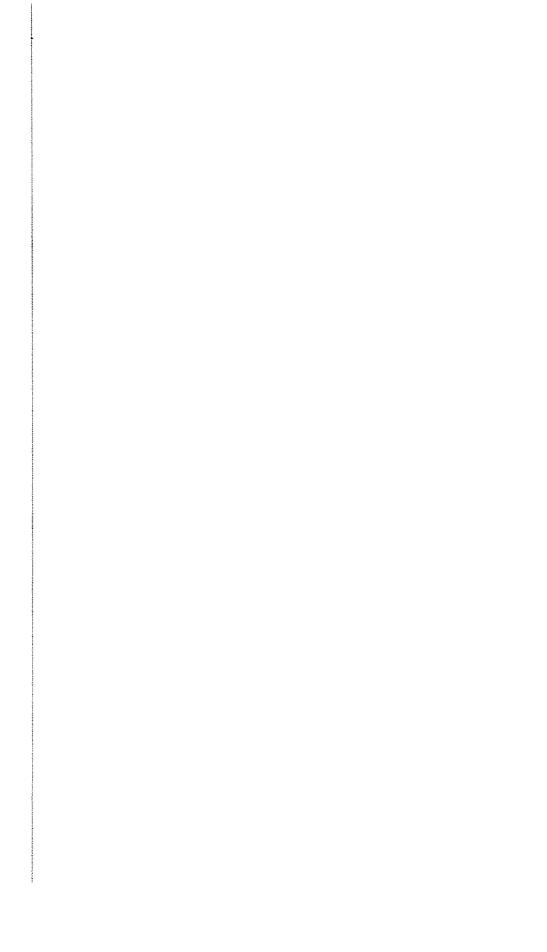


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

	PRINT NAME CLEARLY					
	Nam	e Jorcere	thin Clair- I homas			
Agenda No. 29	1000 2551					
	1 1001	•	Wi, 53704			
	J	Madison				
Please check the appropriate boxes:						
	01880	01881	01985			
	Referendum	Hardship Exemption	Repealing smoking ban			
Support			VVVV			
Oppose			II ALLANDA			
Neither support nor oppose			**************************************			
I wish to speak			The state of the s			
Available for information only			27			
Name, address and telephone number of each person or organization you are representing:						
Are you being paid for your representation	Are you being paid for your representation?					
Are you appearing as part of your other paid duties for this person or organization? [Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question)						
Speaking Limit:4 minutes						
REGISTRANT # 18 (See Back)						

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



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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

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

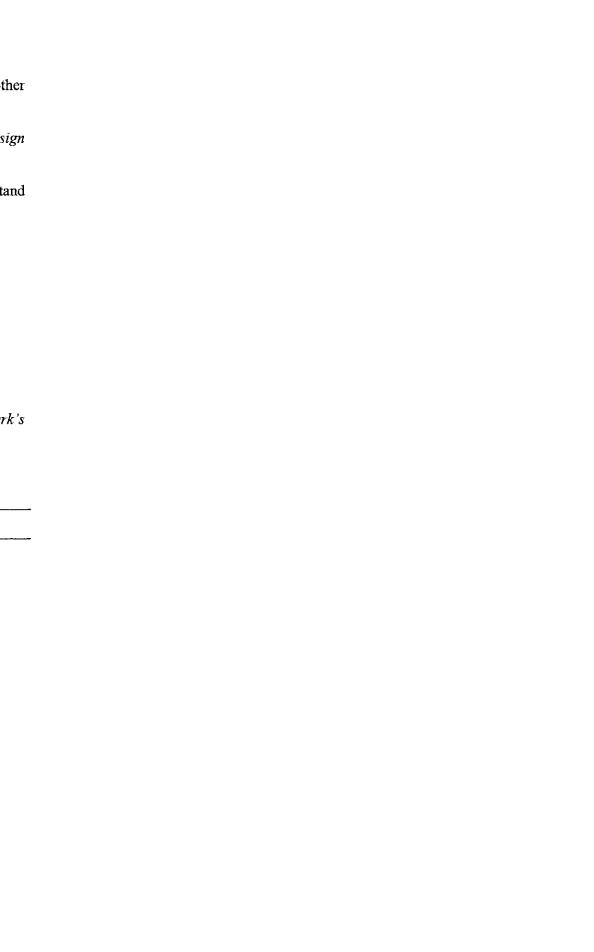


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

	Nam	e MARSH	SHAPIRO		
Agenda No. 29	Addı	ress <u>223 N</u>	<u>tani</u>		
Please check the appropriate boxes:	1				
	01880	01881	01985		
	Referendum	Hardship Exemption	Repealing smoking ban		
Support					
Oppose	/				
Neither support nor oppose I wish to speak	×	X	*		
Available for information only	 				
Name, address and telephone number of		rganization you are represe	enting:		
MARKON WI					
Are you being paid for your representat	ion?		Yes No		
Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)					
Speaking Limit:		4 minutes			
	(See	Back)			
REGISTRANT # 72	(233	,			

	ou an e mental		appearing solely	on behalf of your of	ffice of for your muni	cipality or other XNo
		red "yes" to the question answered "no" to th		~	st of this form, except th	hat you must sign
If you that:	are bei	ng paid for your repres	sentation, or if yo	our appearance is part	of other paid duties, do	you understand
	1.	Before you engage in with the City Clerk?	lobbying as a lol	obyist, you or your prii	ncipal must file an auth	orization No
	2	Your principal is not with the City Clerk?	permitted to aut	horize you to lobby u	nless the principal is r	egistered No
	3		ter), the principal	l must file expense sta	bying services in any tements with the City C	-
		red "no" to any of the l n 103 of the City-Count	-		Clerk at 266-4601 or ;	go to the Clerk's
Date _	9.	20.05	Signature Print Name	MARSH	EHARAO	

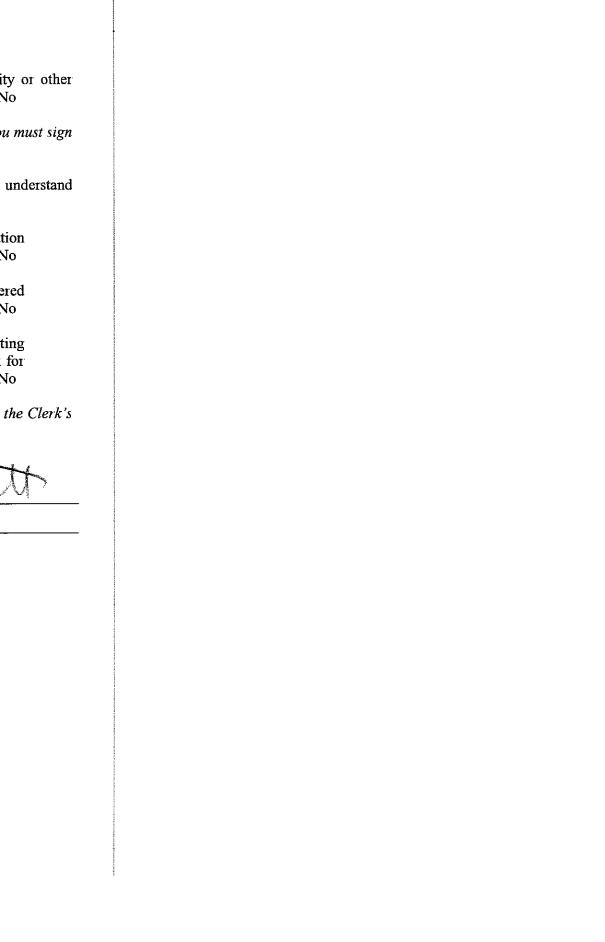


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

			
	Nam	e Rich	Bennett
Agenda No. 29	Addı	ess 416 S	Park ST
		MADON	7
Please check the appropriate boxes:			
	01000	01881	01985
	01880 Referendum	Hardship Exemption	Repealing smoking ban
Cumport	Kelefeliduili	Hatuship Exemption	X Smoking our
Support Oppose	\ \ \ \	\sim	
Neither support nor oppose	1		
I wish to speak		4	X
Available for information only		-	
Name, address and telephone number of	f each person or or	ganization you are represe	enting: The Park
2			
Are you being paid for your representati	ion?		Yes No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for thi d not complete the	s person or organization? e rest of this form. If you a	Yes No enswered "yes," go on to the nex
Speaking Limit:	***************************************	4 minutes	
	(See	Back)	
REGISTRANT # 76	(500	Duvin	

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

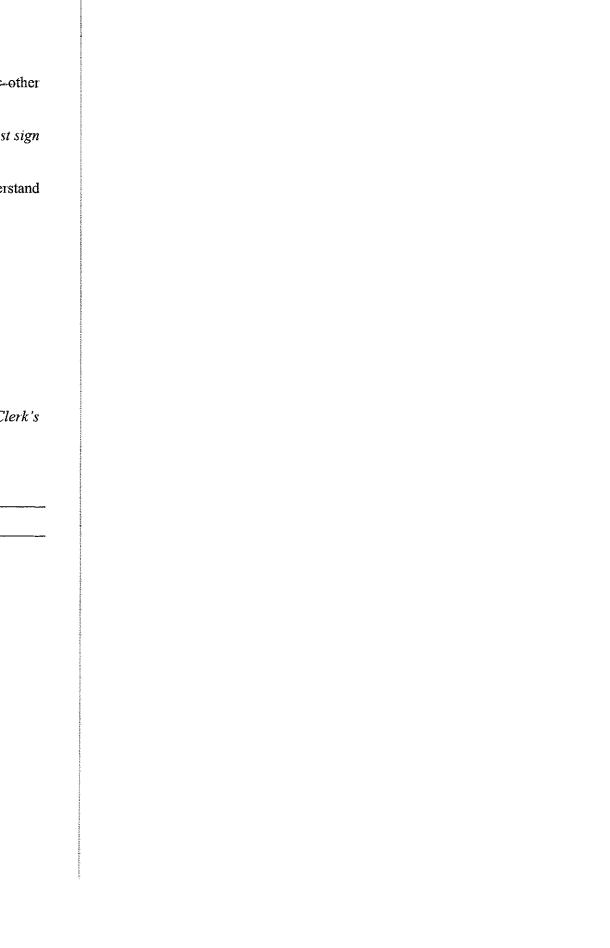


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addi	1/2 1 2	ortst.		
Please check the appropriate boxes:					
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban		
Support	- COLUMN TO THE				
Oppose					
Neither support nor oppose					
I wish to speak Available for information only					
Name, address and telephone number of	f each person or or	rganization you are represe	nting:		
Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next					
question.)					
Speaking Limit:	•••••	4 minutes			
REGISTRANT # 69	(See	Back)			

Are you an egovernmental	elected official who is appearing solely on behalf of your office or for your municipality or other body?					
1 4 /	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)					
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand					
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?					
2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?					
3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?					
	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.)					
Date 9- 7	Signature Print Name Dale Section					



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addı	000 200	Degn B		
	Madisa				
Please check the appropriate boxes:					
	01880	01881	01985		
	Referendum	Hardship Exemption	Repealing smoking ban		
Support					
Oppose					
Neither support nor oppose					
I wish to speak			7 /		
Available for information only					
Name, address and telephone number of the state of the st		rganization you are represe	Yes No		
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for thi	is person or organization? e rest of this form. If you a	☐ Yes ☐ No nswered "yes," go on to the ne		
Speaking Limit:	***************************************	4 minutes			
	(See				

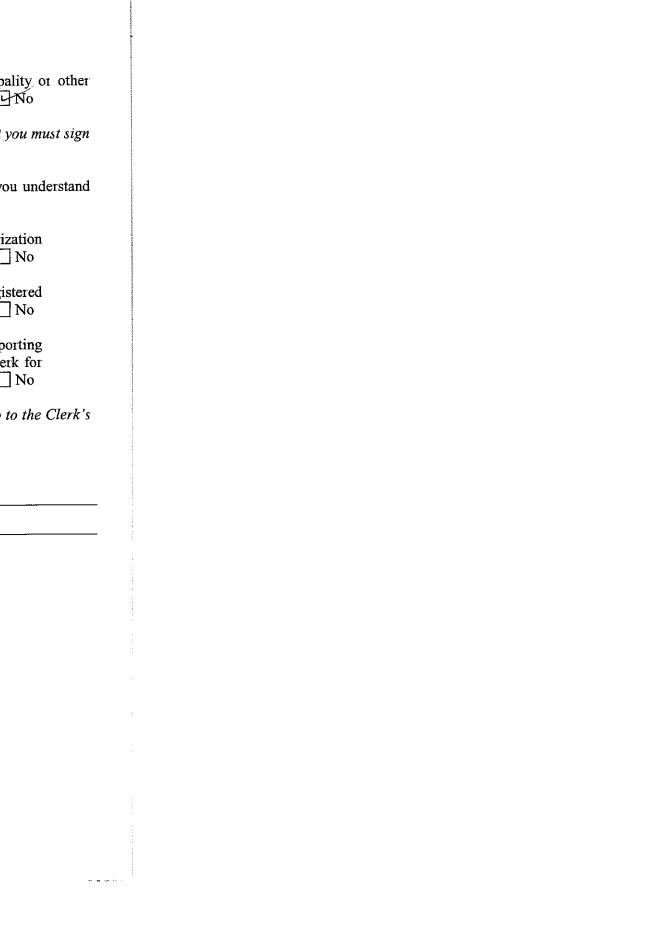
	Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?							
	(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question,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

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

01880 Referendum	01881 Hardship Exemption person other than yourse	O1985 Repealing smoking ban If: Yes DNo answered "yes," go on to the next
01880 Referendum	01881 Hardship Exemption person other than yourse	01985 Repealing smoking ban
01880 Referendum	01881 Hardship Exemption person other than yourse	01985 Repealing smoking ban
Referendum	Hardship Exemption person other than yourse	Repealing smoking ban V If: Yes ANO
Referendum	Hardship Exemption person other than yourse	Repealing smoking ban V If: Yes ANO
Referendum	Hardship Exemption person other than yourse	Repealing smoking ban V If: Yes ANO
unization or a p	person other than yourse	f: Yes ANO
	-	
	-	
h person or or	ganization you are repre	senting:
		☐ Yes ☐ No
	4 minutes	
,	l duties for this	I duties for this person or organization? It complete the rest of this form. If you 4 minutes (See Back)

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

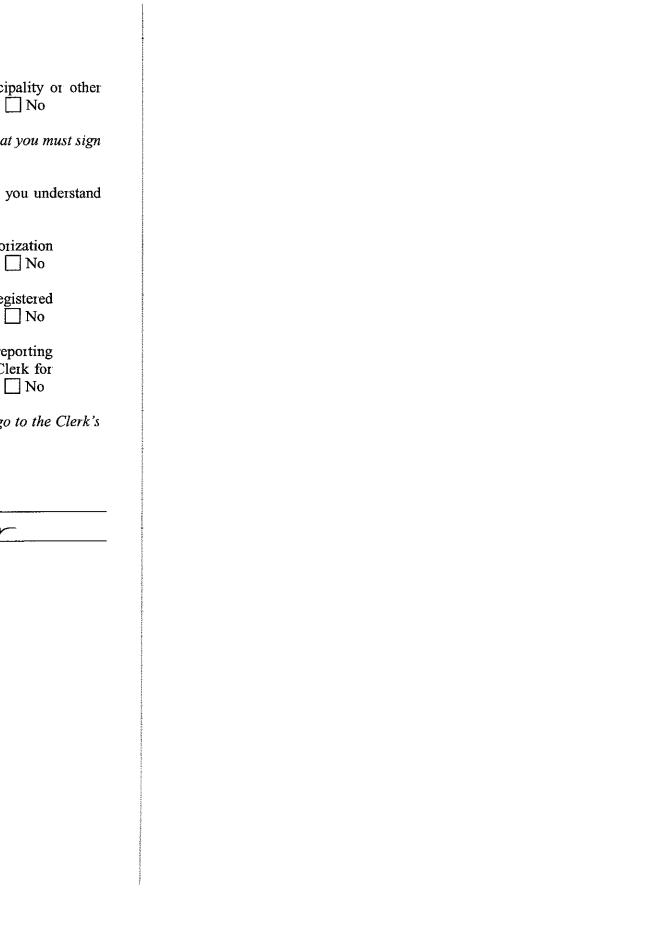


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

		<u>I</u> IXII I 112	AVIE CEE/ARCE I	
Agenda No. 29	Nam Addi	160100	Seemeyer M St. #401 N 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				
Name, address and telephone number of	feach person or or	ganization you are represe	enting:	
Are you being paid for your representati	ion?		☐ Yes ☐ No	
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for thi d not complete the	s person or organization? erest of this form. If you a	Yes No No nswered "yes," go on to the next	
Speaking Limit:	••••••	4 minutes		
REGISTRANT # 61	(See	Back)		

	ou an el mental l	ected official who is appearing solely on behalf of your office or for your municipality or other body?
1 00 00		ed "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you that:	are bein	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
	2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
	3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
(If you Office	answere at Room	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.)
Date _	9.7	Signature Print Name Signature Print Name



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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

(See Back)

question)

Speaking Limit:

REGISTRANT # 60

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

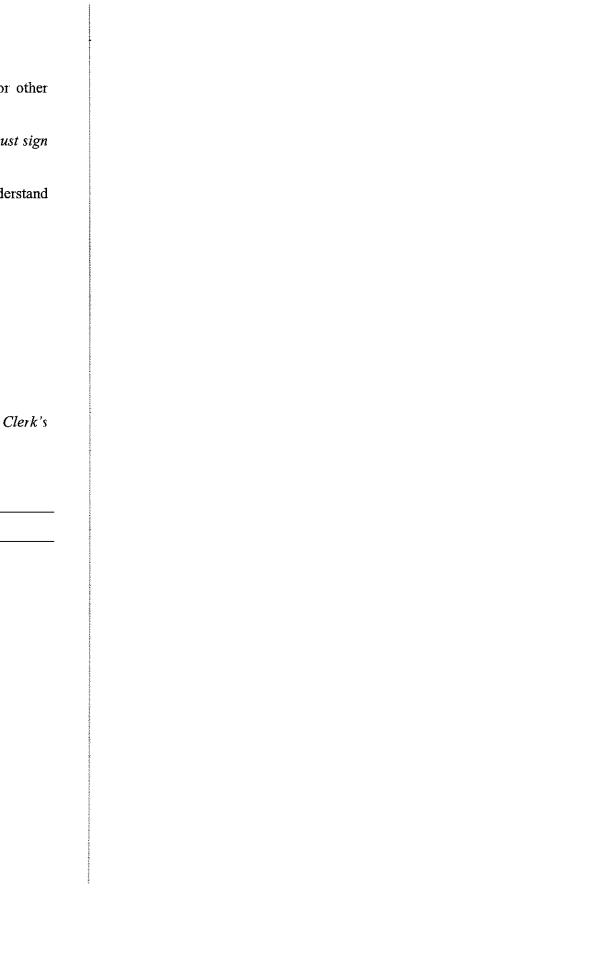
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

	NI		a 1
20	Nam	ress <u>COTTAGE GR</u>	
Agenda No. 29	Add	ress <u>COTTAGE</u> GR	ove ws
Please check the appropriate boxes:			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support			*
Oppose			
Neither support nor oppose			
I wish to speak			
Available for information only			
Name, address and telephone number of	f each person or or	rganization you are represe	nting:
Are you being paid for your representat	tion?		☐ Yes 🖾 No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for the	s person or organization? e rest of this form. If you a	Yes No nswered "yes," go on to the next
Speaking Limit:	•••••	4 minutes	
REGISTRANT # 54	(See	Back)	

Are you ar	elected official who is appearing solely on behalf of your office or for your municipality or other tal body?				
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)				
If you are that:	peing paid for your representation, or if your appearance is part of other paid duties, do you understand				
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?				
2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?				
3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?				
	vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's com 103 of the City-County Building, Madison, for more information.)				
Date <u>9</u>	Signature Print Name Tom Gra6EV				



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

	7	e JANE KS	SANDEDSON!
Agenda No. 29	Nam	ress 4314 REM	INIGTON ED.
Agenda No.	Addi		WI 537/6
		1401010101	w 33//g
Please check the appropriate boxes:			
	01880	01881	01985
-	Referendum	Hardship Exemption	Repealing smoking ban
Support			
Oppose			
Neither support not oppose			
I wish to speak			
Available for information only			
Name, address and telephone number o	f each person or or	rganization you are repres	enting:
Are you being paid for your representat	ion?		☐ Yes 🔀 No
Are you appearing as part of your other (If you answered "no," STOP; you nee question.)	paid duties for thi	s person or organization? e rest of this form. If you o	Yes No answered "yes," go on to the next
Speaking Limit:		4 minutes	
REGISTRANT # 59	(See	Back)	

	Communication states and a state of the stat		
	descent companies de la lateração de latera		
	Andrewski (Marketter)		
	mandenský proma vomančinjem		
an	double was A mill from the sid of the professions.		
	udodaživos (teri ir apapavojila japos umo		
he next	varanda virusalik yepinyikli mata isida isi		
	deficient for femore department of the femore		
	of Equal of American Community or Small Schools		
he next	resultant provide a management of the state		
	georgia productiva productiva de la constanta		
	on postularant deputing personal trans-		
	†		

	Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No						
	ered "yes" to the question, STOP . You need not complete the rest of this form, except that you answered "no" to the question, go on to the next question)	you must sign					
If you are being that:	eing paid for your representation, or if your appearance is part of other paid duties, do you	ou understand					
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorize with the City Clerk?	zation] No					
2.	Your principal is not permitted to authorize you to lobby unless the principal is registively with the City Clerk?	stered] No					
3.	If your principal spends or will owe more than \$500 for lobbying services in any reperiod (calendar quarter), the principal must file expense statements with the City Clethe 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 make the City-County Building, Madison, for more information)	to the Clerk's					
Date	Signature						
	Print Name						



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addi	· · · · · · · · · · · · · · · · · · ·	3 orcharett
Please check the appropriate boxes:			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support			
Oppose	<u></u>	-	
Neither support nor oppose			
I wish to speak			<u></u>
Available for information only			
Name, address and telephone number o	of each person or or	ganization you are represe	enting:
Are you being paid for your representat			Yes Z No
Are you appearing as part of your other (If you answered "no," STOP; you nee question.)			
Speaking Limit:	•••••	4 minutes	
REGISTRANT # 53	(See	Back)	

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

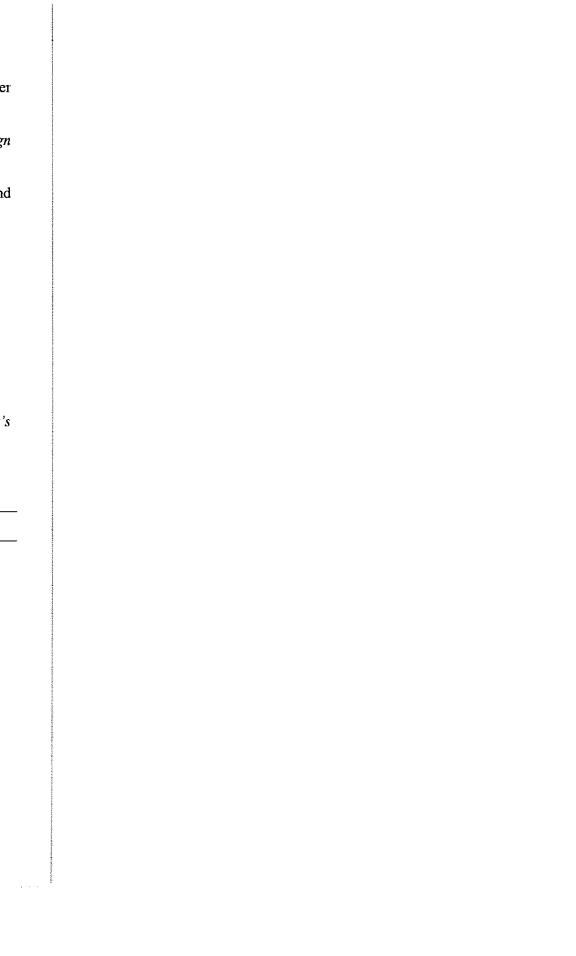


City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

20	Nam	1.4	INBERG
Agenda No. 29	Addı		0
		M ANONOM	53718
Please check the appropriate boxes:			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support			X
Oppose	X	X	
Neither support nor oppose			
I wish to speak	100		
Available for information only			
Name, address and telephone number of MONERN SPECIALTY CO 4502 HELGESEN NE MADISON WI 53718	0	ganization you are represe	enting:
Are you being paid for your representati			☐ Yes No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for thi d not complete the	s person or organization? e rest of this form. If you as	Yes No nswered "yes," go on to the next
Speaking Limit:	•••••	4 minutes	
REGISTRANT # 52	(See	Back)	

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



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

	Nam	e MICHOLAS	T. SACANSKI
Agenda No. 29	Add		SORTHAM ST. #1
ů			, WL 53703
		WAD I SOM	, wi 10102
Please check the appropriate boxes:			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support	-	X	×
Oppose	X		
Neither support nor oppose			
I wish to speak			X
Available for information only			
Name, address and telephone number of	each person or o	rganization you are represe	enting:
Are you being paid for your representati	on?		Yes No
Are you appearing as part of your other (If you answered "no," STOP; you need question)	paid duties for the	is person or organization? e rest of this form. If you a	Yes No Inswered "yes," go on to the next
Speaking Limit:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 minutes	
REGISTRANT # 47	(See	Back)	

Are you an governmen	elected official who is appearing solely on behalf of your office or for your municipality or other tal body?
1 P 10	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are that:	peing paid for your representation, or if your appearance is part of other paid duties, do you understand
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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?
· • •	wered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's noom 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addı		nuon Ka
Please check the appropriate boxes:			
Support Oppose Neither support nor oppose	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
I wish to speak Available for information only			
(If you answered "no," STOP; you need question.) Name, address and telephone number of			
Are you being paid for your representation	on?		☐ Yes ☐ No
Are you appearing as part of your other j (If you answered "no," STOP; you need question.)			
Speaking Limit:	***************************************	4 minutes	
REGISTRANT # 46	(See	Back)	

Are you governm		lected official who is appearing solely on behalf of your office or for your municipality or other body?
(If you ar	nswere If you	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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1		Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
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(If you at Office at	nswere Room	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's a 103 of the City-County Building, Madison, for more information.)
Date		Signature Jan Standard Standar



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addi	ress 4781 Ver	Wheeler Fron Rd. I 53704
Please check the appropriate boxes:			
		24.504	01005
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support			
Oppose			
Neither support nor oppose			
I wish to speak			
Available for information only		<u> </u>	
Name, address and telephone number o	f each person or or	ganization you are represe	enting:
Are you being paid for your representat	ion?		☐ Yes ☐ No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for thi	s person or organization? e rest of this form. If you a	Yes No No Inswered "yes," go on to the next
Speaking Limit:		4 minutes	
DECISTRANT # 45	(See	Back)	

Support Dippose Neither support nor oppose Wish to speak Available for information only this meeting are you representing an organizou answered "no," STOP; you need not stion.) ne, address and telephone number of each	o1880 eferendum	o1881 Hardship Exemption person other than yourself: e rest of this form. If you are	O1985 Repealing smoking ban Yes No aswered "yes," go on to the n
Support Dippose Neither support nor oppose wish to speak Available for information only this meeting are you representing an organizou answered "no," STOP; you need not stion.)	nization or a	person other than yourself:	☐ Yes ☐ No
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EGISTRANT # 45			

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 Allhard Print Name Michele Wheeler			

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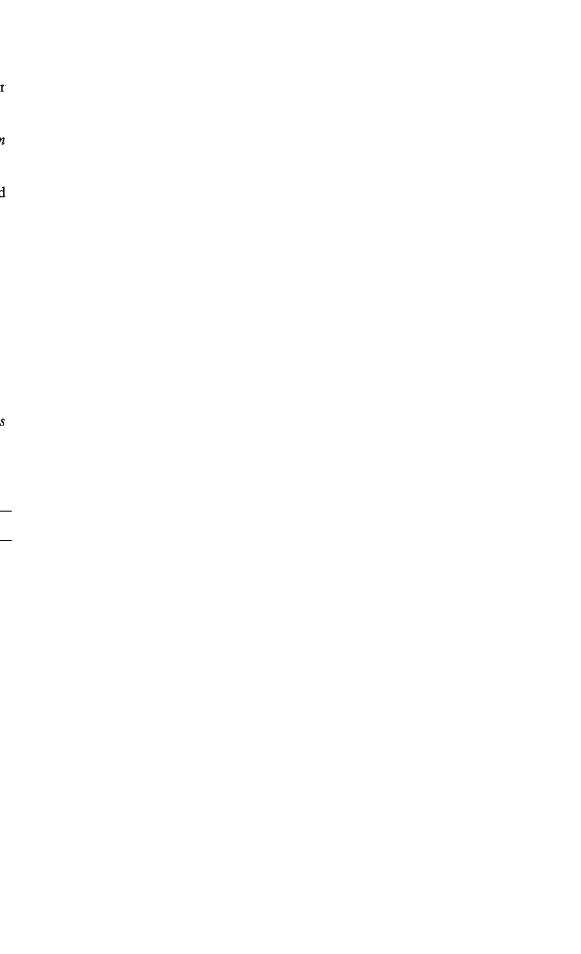
City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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genda No. 29	Addı	ress 3418 Home	Auc.
		Madison w	Auc.
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lease check the appropriate boxes:			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support	Referendam	Hardship Exemption	X
Oppose		χ	
Neither support nor oppose			
I wish to speak			
Available for information only			
t this meeting are you representing are you answered "no," STOP; you ne	n organization or a ed not complete the	person other than yourself: e rest of this form. If you ar	Yes No nswered "yes," go on to the ne
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If you ar that:	re bein	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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		ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.)
Date	·	Signature
		Print Name



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addı	W A	Mydflest on Uss	
Please check the appropriate boxes:			***	
Support	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban	
Oppose	Va market			
Neither support nor oppose				
I wish to speak		Samuel Control		
Available for information only				
(If you answered "no," STOP; you need question.) Name, address and telephone number of e				
Are you being paid for your representation	on?		Yes No	
Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)				
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REGISTRANT # 96	(See	Back)		

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If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, do you understand			
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Date <u>9</u>	Signature Print Name			

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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Name Addr	10-6	ndgren Drynanter St. H205 DM, W/ 53562	
Please check the appropriate boxes:				
Support Oppose	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban	
Neither support nor oppose I wish to speak Available for information only				
At this meeting are you representing an 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: Liberdarian Party of Dand (out your follows) Cross, #7 Modison, W 53713 7/5-475-9104				
Are you being paid for your representation	Are you being paid for your representation?			
Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)				
Speaking Limit:4 minutes				
REGISTRANT # 42	(See	Back)		

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	Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?					
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Date _		Signature				
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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Agenda No. 29	Addı	ess 124 Geor	Gene Cin		
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Please check the appropriate boxes:					
	01880	01881	01985		
1	Referendum	Hardship Exemption	Repealing smoking ban		
Support			X		
Oppose	X	X			
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: Protection in the Common to Salve Market Salve Salve Salve Market Salve Salv					
Are you being paid for your representation?					
Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)					
Speaking Limit:4 minutes					
REGISTRANT # 🔟 (See Back)					

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Date		Signature					
		Print Name					

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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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Agenda No. 29	Nam Add	11163 60 1	HARER WHITNEY WAY W/ 537-1)
Please check the appropriate boxes:			
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose	-		
Neither support nor oppose			
I wish to speak			
Available for information only			
(If you answered "no," STOP; you need question.) Name, address and telephone number of	_		
Are you being paid for your representati	on?		☐ Yes ☐ No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for thi d not complete the	s person or organization? erest of this form. If you a	☐ Yes ☐ No inswered "yes," go on to the next
Speaking Limit:	•••••	4 minutes	
REGISTRANT # 46	(See	Back)	

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(If you o	answere it Room	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.)				
Date _	9-	20-05 Signature Print Name Lynn Haller				

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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addr		while the #/ NI 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			
Name, address and telephone number of	each person or or	ganization you are represe	nting:
Are you being paid for your representation	on?		Yes No
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)			Yes No nswered "yes," go on to the next
Speaking Limit:		4 minutes	
REGISTRANT # 34	(See	Back)	

Are you governm		ected official who is appearing solely on behalf of your office or for your municipality or other body?
		ed "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question)
If you an that:	re bein	g paid for your representation, or if your appearance is part of other paid duties, do you understand
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(If you a Office at	nswere t Room	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Name LUNVENCE Schmo Address 5138dward St. MADISIN, WISSE				
Please check the appropriate boxes:					
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban		
Support					
Oppose					
Neither support nor oppose					
I wish to speak			V		
Available for information only					
(If you answered "no," STOP; you need question.) Name, address and telephone number of 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 # 33					

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Yes No
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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							

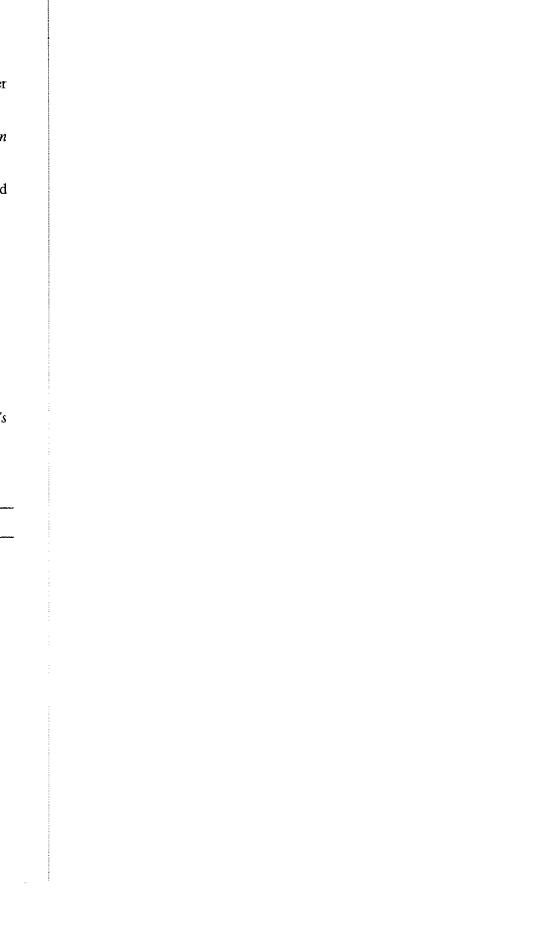
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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Please check the appropriate boxes:			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support			
Oppose			
Neither support nor oppose			
I wish to speak			
Available for information only			
Name, address and telephone number o	f each person or or	ganization you are repres	senting:
Are you being paid for your representat	ion?		☐ Yes ☐ No
Are you appearing as part of your other (If you answered "no," STOP; you need question)			
Speaking Limit:		4 minutes	
REGISTRANT # 32	(See	Back)	

Are yo		lected official who is appearing solely on behalf of your office or for your municipality or other body?
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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Date _		Signature
		Print Name



City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
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Oppose	ميد		
Neither support nor oppose		K	
I wish to speak	4	7	X
Available for information only			
t this meeting are you representing an of you answered "no," STOP; you need	organization or a plant of the	person other than yourself erest of this form. If you a	Yes No nswered "yes," go on to the ne
t this meeting are you representing an of you answered "no," STOP; you need uestion.) ame, address and telephone number of	not complete the	e rest of this form. If you a	nswered "yes," go on to the ne
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Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?							
		red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)					
If you that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, do you understand					
	1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?					
	2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?					
	3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?					
		red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.)					
Date _		Signature					
		Print Name					

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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addi	PHIL MIELL Tess 917 WALSH MADISON, U	
Please check the appropriate boxes:			
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			V
Oppose	V	V	
Neither support nor oppose			
I wish to speak		/	
Available for information only			
Name, address and telephone number of	of each person or or	ganization you are represe	enting:
Are you being paid for your representa	tion?		☐ Yes ☐ No
Are you appearing as part of your othe (If you answered "no," STOP; you need question.)			
Speaking Limit:		4 minutes	
REGISTRANT # 28	(See	Back)	

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?							
(If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)							
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Date	Signature Print Name						

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