

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Mary Tedeschi  
Address 1725 Eika Ln  
Madison WI 53704

Please check the appropriate boxes:

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

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

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

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 # 11**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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**PRINT NAME CLEARLY**

**Agenda No. 29**

Name DAVE HETH  
Address 220 SANFORD DR  
DEFOREST WI

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 12**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Pete Beeber  
Address 3230 Thorp St.  
Madison, WI 53714

Please check the appropriate boxes:

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

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

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

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

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 # 13**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

City of Madison  
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name NICHOLAS ZABEL  
Address 8530 GREENWAY BLVD #314  
MIDDLETON, WI

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

Speaking Limit: .....4 minutes

(See Back)

REGISTRANT # 15

Registration Statement - Page 2

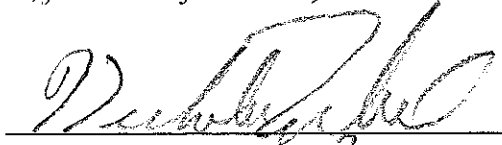
Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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

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

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

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

Date 9/20/05 Signature   
Print Name MONICA TRIPLE



Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

Agenda No. **29**

Name Barb Mercer  
Address President  
Madison / Dane Tavern  
League

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
MADISON DANE COUNTY TAVERN LEAGUE  
P.O. Box 8858  
MADISON WI 53708

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 # 16**

Registration Statement - Page 2

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

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

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

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

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

Date 9/20/05

Signature Barbara J Mercer

Print Name Barbara J MERCER

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name JOE KLINZING  
Address 4504 RAYWOOD RD.  
MADISON WI 53716

Please check the appropriate boxes:

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

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 17**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name PAUL E. GRINDROD  
Address 4221 ESCH LANE  
MADISON, WI 53704

Please check the appropriate boxes:

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

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

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

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

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

(See Back)

**REGISTRANT # 24**

Registration Statement - Page 2

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

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

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

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

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

Date 9/20/05

Signature Paul E. Grindrod  
Print Name PAUL E. GRINDROD

Date: September 20, 2005

City of Madison  
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Roger Westmont  
Address 4502 Helgeson Dr.  
401 Laurel Lane  
Madison, WI 53704

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
Modern Specialty Co.  
4502 Helgeson Drive  
Madison WI 53718.

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 # 23

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Tara Giangstad  
Address 1311 Morrison St. #1  
Madison, WI 53703

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 27**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Jim Bond  
Address 201 Ski Ct  
Madison

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 22**

Registration Statement - Page 2

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

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

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

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

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

Date 9-20-05

Signature 

Print Name Jim Bunker

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Erin White  
Address 201 Ianadon St Apt 205  
Madison WI 53708

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 29**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Jacqueline A KAVANAUGH  
Address 1217 Carpenter St  
Madison WI 53704

Please check the appropriate boxes:

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

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 74**

Registration Statement - Page 2

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

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

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

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

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

Date 9.20.05

Signature Jacqueline A. Kavanaugh  
Print Name Jacqueline A. KAVANAUGH



Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Scott Buchs  
Address 1402 Londonderry Dr. #205  
53704

Please check the appropriate boxes:

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

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 2**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

City of Madison  
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name ROBIN GOLDBERG  
Address 5612 TONYAWATNA  
MADISON, WI 53716

Please check the appropriate boxes:

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

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

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

DREAM LANES  
13 ATLAS CT. MADISON, WI 53714

Are you being paid for your representation?  Yes  No

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

Speaking Limit: .....4 minutes

(See Back)

REGISTRANT # 4

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

### City of Madison Registration Statement - Common Council

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

**PRINT NAME CLEARLY**

Agenda No. **29**

Name SCOTT TOOMEY  
Address 5313 KUAMME LAKE  
MADISON 53711

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
Coalition to Save Madison Jobs  
BARTENDER  
South Bay Lounge

Are you being paid for your representation?  Yes  No

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

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

**REGISTRANT #** 7

(See Back)

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name NANCY WILDA  
Address 107 KURT DR  
MADISON WI 53717

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 8**

Registration Statement - Page 2

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

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

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

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

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

Date 9/20/05

Signature Nancy L Wild

Print Name NANCY L WILD



Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name ELLY KLINZING  
Address 4516 SHORE ACRES RD  
Monona, WI. 53716

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

**REGISTRANT #** 18

(See Back)

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Rita Klinzing  
Address 714 Interlake Dr.  
Monona WI 53716

Please check the appropriate boxes:

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

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

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

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

Are you being paid for your representation?  Yes  No

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

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

**REGISTRANT # 2**

(See Back)

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Craig J. Ballweg  
Address 1117 Bay Ridge Rd.  
Madison, WI 53716

Please check the appropriate boxes:

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

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

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

Down & Back's Draft Service  
1117 Bay Ridge Rd.  
Madison, WI 53716

Are you being paid for your representation?  Yes  No

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

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

(See Back)

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

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

City of Madison  
Registration Statement - Common Council

You must register before the Council considers your item.

**PRINT NAME CLEARLY**

Agenda No. 29

Name Homer Simpson  
Address 2202 W Broadwayway  
MADISON WI

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

Speaking Limit: .....4 minutes

(See Back)

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

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name WILLIAM ALEXANDER  
Address 852 WILLIAMSON ST  
MADISON WI 53703

Please check the appropriate boxes:

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

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

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

Registration Statement - Page 2

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

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

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

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

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

Date 9-20-05

Signature William Alexander

Print Name WILLIAM ALEXANDER

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name JIM BAFFERY  
Address 2651 KENNETH CT  
SUN PRAIRIE

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
MR'S DARTS  
3543 E. WASHINGTON AVE

Are you being paid for your representation?  Yes  No

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

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

(See Back)

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

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

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

Name Kim Moreland  
 Address 117 A East Main St  
Madison 53703

Please check the appropriate boxes:

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

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

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

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

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

(See Back)

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

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Mike Hillestad

Address 39 Whispering Waters Cir.  
Monroe, WI 53716

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

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

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name DAVID WILBORN  
Address 144 DAYTON ROW  
MADISON, WI 53703

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

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

Registration Statement - Page 2

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

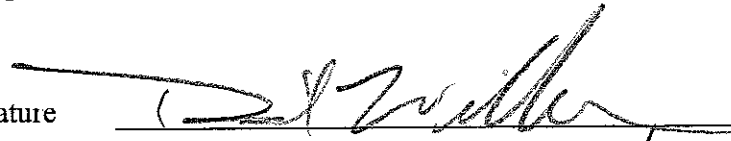
*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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

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

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

Date 9/20/05

Signature   
Print Name DAVID WILLBORN

Date: September 20, 2005

City of Madison  
Registration Statement - Common Council

You must register before the Council considers your item.

**PRINT NAME CLEARLY**

Agenda No. 29

Name TAD WAECH  
Address 209 B GANNON AVE  
MADISON WI 53714

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

Speaking Limit: .....4 minutes

(See Back)

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

Registration Statement - Page 2

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

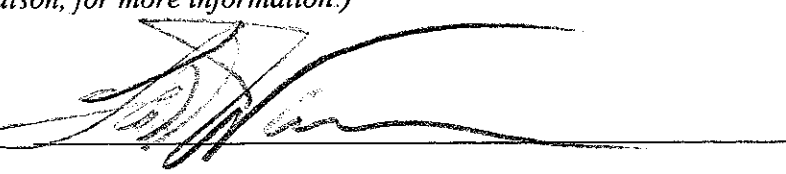
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Date \_\_\_\_\_

Signature  \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Lawrence Behman  
Address 1721 Fremont St  
Madison, WI

Please check the appropriate boxes:

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

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

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

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

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

(See Back)

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

Registration Statement - Page 2

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


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

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

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

Date 9.20.05

Signature 

Print Name Lawrence Holman

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Steve Fisher  
Address 5417 Broner Rd  
Mc Farland, WI

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

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

Registration Statement - Page 2

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

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

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

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

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

Date 9-20-05

Signature Steve Fisher

Print Name Steve Fisher



Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

Agenda No. **29**

Name ANNE PFISTER  
Address 2336 WINNEBAGO ST  
MADISON WI 53704

Please check the appropriate boxes:

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

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

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

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

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

(See Back)

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

Registration Statement - Page 2

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

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

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

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

Date 9-05 Signature Anne E. Pfister  
Print Name ANNE E. PFISTER

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name JAMES M. DELANEY  
Address 449 GRAND CANYON DR  
MADISON 53719

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

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

Registration Statement - Page 2

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

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

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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 20 Sept 05

Signature James M. Delaney  
Print Name JAMES M. DELANEY

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

Agenda No. **29**

Name JAMES FRANK  
Address 1612 SEMINOLE Hwy  
MADISON WI

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

(See Back)

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

Registration Statement - Page 2

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Date \_\_\_\_\_

Signature

Print Name

  
JAMES FRANK

Date: September 20, 2005

City of Madison  
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name WILLIAM W. KEAN  
Address 110 S. HENRY ST APT 204  
MADISON, WI 53720

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

(See Back)

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

Registration Statement - Page 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Tracy Heath  
Address 3417 Home Ave  
Madison, WI 53714

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

(See Back)

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

Registration Statement - Page 2

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Date 9-20-05

Signature

Tracy Heath

Print Name

Tracy Heath

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name John Greenberg  
Address 3417 Home Ave  
Madison WI 53714

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

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

Registration Statement - Page 2

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

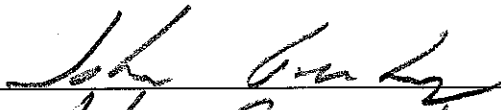
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Date 9/20/05

Signature   
Print Name John Crowley

Date: September 20, 2005

City of Madison  
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name TERRY OLSON  
Address 1026 N. SHERMAN AVE  
WESTSIDE INN

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

Speaking Limit: .....4 minutes

REGISTRANT # 100

(See Back)

Registration Statement - Page 2

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name JOE SCALISSI  
Address 5209 MESA RD.  
MONONA WI 53716

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

**REGISTRANT # 97**

(See Back)

**Registration Statement - Page 2**

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Janine Karlsyst  
Address Grant St Wyconda  
WI

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT #** 94

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Kristi Gilmore  
Address 2621 Dable St.  
Madison, WI 53704

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 93**

Registration Statement - Page 2

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

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

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

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

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

Date 9.20.05

Signature Kristi L. Gilmore

Print Name Kristi L. Gilmore

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

Agenda No. **29**

Name Richard Story  
Address 118 Merryvale Rd  
MADISON WI  
53714

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 87**

Registration Statement - Page 2

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

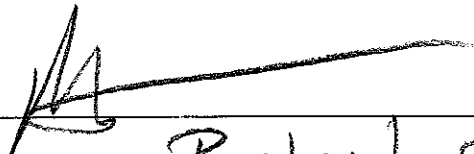
*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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

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

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

Date 20 Sept 05

Signature   
Print Name Richard Stang

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

Agenda No. **29**

Name Don Arno  
Address 4233 Lunley Rd  
Madison, VT

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 89**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Michael Lempercki  
Address 1648 Capital Ave  
53705

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 92**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Jason Walker  
Address 311 E Johnson St #306  
Madison WI 53703 1575

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 86**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Kathleen A. Albedull  
Address 2338 Moland St #A  
Madison, WI 53704

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 84**

Registration Statement - Page 2

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

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

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

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

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

Date Sept 20, 2005 Signature Kathleen A. Albequell  
Print Name Kathleen A. Albequell

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

Agenda No. **29**

Name Jacquelyn Strahl  
Address 5240 Harbor Ct.  
Madison, WI 53208

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 83**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
SANDOLT BAR 301 NORTH ST. MADISON, WI 53704

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 82**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

Agenda No. **29**

Name DAVID WIGANOWSKY  
Address 1901 ABERG AV  
MADISON WI 53704

Please check the appropriate boxes:

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

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

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

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 # 77**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature David Wigandowsky

Print Name DAVID WIGANDOWSKY

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Sonkerethia Clair-Thomas  
Address 1822 North Western  
Madison WI, 53704

Please check the appropriate boxes:

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

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

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

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

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 # 78**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Sabi Atteyih  
Address 1116 N. Gammon Rd.  
Madison, WI 53717

Please check the appropriate boxes:

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

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 73**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: September 20, 2005

City of Madison  
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name MARSH SHAPIRO  
Address 223 N. FRANCIS

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
MITTY GRITZ  
223 N. FRANCIS  
MADISON, WI

Are you being paid for your representation?  Yes  No

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

Speaking Limit: .....4 minutes

(See Back)

REGISTRANT # 72

Registration Statement - Page 2

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

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

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

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

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

Date 9-20-05

Signature \_\_\_\_\_

Print Name MARSH SHARRO

Date: September 20, 2005

City of Madison  
Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No. 29

Name Rich Bennett  
Address 416 S Park St  
MADISON WI

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
Every one The work at Bennett's ON The Park

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 # 70

Registration Statement - Page 2

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

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

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

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

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

Date 9-20-05

Signature Richard Bennett

Print Name Richard Bennett

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Dale Beck  
Address 1810 ROTH ST  
MADISON WISC.

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 69**

Registration Statement - Page 2

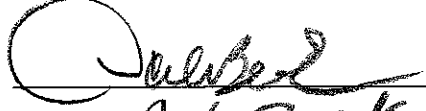
Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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

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

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

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

Date 9-20-05 Signature   
Print Name Dale Beck

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Carol Thompson  
Address PO Box 259375  
Madison

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 66**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 63**

Registration Statement - Page 2

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


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

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

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

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

Date 9/20/5

Signature   
Print Name BRIAN HALPIN

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Jessica Seemeyer  
Address 1 E. Gilman St. #401  
Madison 53703

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 61**

Registration Statement - Page 2

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

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

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

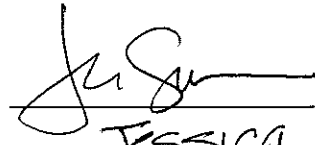
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes  No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than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

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

Date

9.20.05

Signature



Print Name

Jessica Seemeyer

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

Agenda No. **29**

Name Travis McGuigan  
Address 4548 Winnequah Rd.  
Monona WI 53716

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 60**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

Agenda No. **29**

Name TOM LAUGEN

Address COTTAGE GROVE, WI

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

REGISTRANT # 54

Registration Statement - Page 2

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

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

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

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

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

Date 9/20/05

Signature   
Print Name TOM LAUGEN



Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name JANE K SANDERSON  
Address 4314 REMINGTON RD.  
MADISON WI 53716

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 59**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Dorothy Boichardt  
Address 1717 E Pike Lane

Please check the appropriate boxes:

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

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 53**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name JOANNE STEINBERG  
Address 427 FALCON CIR  
MONONA WI 53718

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
MODERN SPECIALTY CO  
4502 HELGESEN DR  
MADISON WI 53718

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 # 52**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

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

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 47**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name STAN OTIS  
Address 4781 VERNOW RD

Please check the appropriate boxes:

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

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 46**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature



Print Name

STAN OTIS

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Michele Wheeler  
Address 4781 Vernon Rd.  
Madison, WI 53704

Please check the appropriate boxes:

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

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

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

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 # 45**

Registration Statement - Page 2

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


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

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

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

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

Date 9-20-05

Signature 

Print Name Michele Wheeler

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Michael Caspersen  
Address 3418 Home Ave.  
Madison, WI

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
Sports Pub (608) 241-0147 myself

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 # 43**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

City of Madison  
Registration Statement - Common Council

You must register before the Council considers your item.

**PRINT NAME CLEARLY**

Agenda No. 29

Name Dawn Kujawa  
Address 2025 Monticello  
Madison WI  
53704

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

Speaking Limit: .....4 minutes

REGISTRANT # 96 (See Back)

Registration Statement - Page 2

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

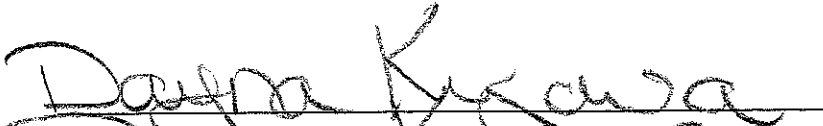
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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

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

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

Date 9-20-05

Signature   
Print Name Dayna Kujawa



Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Rolf Lindgren  
Address 1805 Parmonger St. #205  
Middleton, WI 53562

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
Libertarian Party of Dane County  
2005 Greenway Cross, #7 Madison, WI 53713  
715-475-9104

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 # 42**

**Registration Statement - Page 2**

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name PATRICIA TELVICK  
Address 124 GEORGIANA CIR  
MADISON, WI 53716

Please check the appropriate boxes:

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

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

Name, address and telephone number of each person or organization you are representing:  
Buckeye Inn Inc. COALITION TO SAVE MADISON INC  
4420 E. BUCKEYE RD.  
MADISON, WI 53716

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 # 41**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Lynn HAKER  
Address 1401 S. WHITNEY WAY  
MADISON, WI 53711

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 40**

Registration Statement - Page 2

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

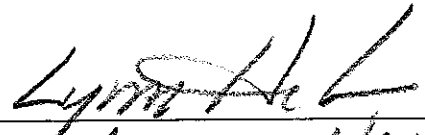
*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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

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

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

Date 9-20-05

Signature   
Print Name Lynn HAKER

Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Brian Brech  
Address 2209 E. Washington #1  
MADISON WI 53704

Please check the appropriate boxes:

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

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

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

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 # 34**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: September 20, 2005

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

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

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Lawrence Schmock  
Address 513 Edward St.  
MADISON, WI 53711

Please check the appropriate boxes:

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

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

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

Are you being paid for your representation?  Yes  No

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

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

(See Back)

**REGISTRANT # 33**

Registration Statement - Page 2

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

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

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

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: September 20, 2005

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

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name TRACY A. Schmock  
Address 513 Edward St  
MADISON, WI 53711

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			<input checked="" type="checkbox"/>
Oppose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Neither support nor oppose			
I wish to speak			<input checked="" type="checkbox"/>
Available for information only			

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
*(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)*

Name, address and telephone number of each person or organization you are representing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
*(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)*

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 32**

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes  No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

**City of Madison  
Registration Statement - Common Council**

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name Tami Tronnes  
Address 2847 Holborn Ct. Madison WI  
53718

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			X
Oppose			
Neither support nor oppose		X	
I wish to speak	X	X	X
Available for information only			

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
*(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)*

Name, address and telephone number of each person or organization you are representing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
*(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)*

**Speaking Limit: .....4 minutes**

(See Back)

**REGISTRANT # 30**

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes  No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: September 20, 2005

**City of Madison  
Registration Statement - Common Council**

*You must register before the Council considers your item.*

**PRINT NAME CLEARLY**

**Agenda No. 29**

Name PHIL MIELKE  
Address 917 WALSH, #103  
MADISON, WI 53714

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			✓
Oppose	✓	✓	
Neither support nor oppose			
I wish to speak	✓	✓	✓
Available for information only			

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
*(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)*

Name, address and telephone number of each person or organization you are representing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 # 28**

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes  No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_