

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

PRINT NAME CLEARLY

Agenda No.	29
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Name MATTHEW SOBOCIANSKI
 Address 641 W. MAIN ST # 310
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		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:
THE CASBAH RESTAURANT
119 E. MAIN ST
MADISON, WI 53703

Are you being paid for your representation? Yes No

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

Speaking Limit:4 minutes

(See Back)

REGISTRANT # 65

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 _____

Registration Statement - Page 2

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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 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	X		
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.)*

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Date _____

Signature _____

Print Name _____

Date: September 20, 2005

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Agenda No. 29

Name Jim Bondt
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
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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 # 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

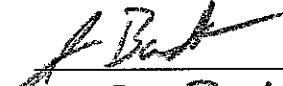
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Date 9-20-05

Signature 
Print Name Jim Baska

Date: September 20, 2005

**City of Madison
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PRINT NAME CLEARLY

Agenda No. **29**

Name Frank Harris
Address 116 E. Gilman St. Apt 4E
Madison, WI 53703

Please check the appropriate boxes:

	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose			
Neither support nor oppose	X	X	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
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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 # 62

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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Print Name _____

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Agenda No. **29**

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

Please check the appropriate boxes:

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Support			
Oppose	X		X
Neither support nor oppose		X	
I wish to speak			
Available for information only			

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Agenda No. 29

Name ERIN SMELTON
 Address 402 W. Dayton
Madison, WI 5307

Please check the appropriate boxes:

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

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