# City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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Agenda No. 29	Δdd	ress <u>ZIZ Wercy:</u>	ur
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		<u>Madison</u> , n	il 5970Y
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Please check the appropriate boxes:			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support			
Oppose			
Neither support nor oppose	<b>I</b>		
I wish to speak			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Available for information only  It this meeting are you representing an of you answered "no," STOP; you need uestion.)  Tame, address and telephone number of other states.	not complete the	rest of this form. If you a	nswered "yes," go on to the ne
Available for information only  It this meeting are you representing an off you answered "no," STOP; you need uestion.)	not complete the	rest of this form. If you a	nswered "yes," go on to the ne
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Available for information only  At this meeting are you representing an of the second	not complete the	ganization you are represe	nswered "yes," go on to the ne enting: 08) 249-2863
Available for information only  It this meeting are you representing an of you answered "no," STOP; you need westion.)  Iame, address and telephone number of Fawn Houck. 212 YMER Any Martin  Rosemany Warner  The you being paid for your representation are you appearing as part of your other party you need "no," STOP; you need "no," "no," STOP; you need "no," STOP;	not complete the each person or or or cry st. / Mad	ganization you are represe	nswered "yes," go on to the need the need the need the need the need the need to be need
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Available for information only  At this meeting are you representing an of you answered "no," STOP; you need nuestion)  Hame, address and telephone number of Fawn Houck. 212 Me.  Any Markin	not complete the each person or or or complete the not complete the	ganization you are represedued, wit 53704 66 s person or organization? rest of this form. If you are	nswered "yes," go on to the need the need the need the need the need the need to be need

		elected official who al body?	o is appearing solely on beh	nalf of your office or for your municipality or other Yes No	er
			estion, <b>STOP.</b> You need not co o the question, go on to the ne	complete the rest of this form, except that you must signext question.)	n
If yo that:	ou are b	eing paid for your re	presentation, or if your appear	arance is part of other paid duties, do you understan	ıd
	1	Before you engag with the City Clea		rou or your principal must file an authorization Yes No	
	2	Your principal is with the City Cler	-	ou to lobby unless the principal is registered Yes No	
	3	period (calendar o	-	n \$500 for lobbying services in any reporting ile expense statements with the City Clerk for Yes No	
			the last three questions, pleas ounty Building, Madison, for n	se call the City Clerk at 266-4601 or go to the Clerk more information.)	's
Date		· · · · · · · · · · · · · · · · · · ·	Signature		-
			Print Name		_

REGISTRANT #

# City of Madison Registration Statement - Common Council

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Agenda No. 29	Nam Addi	· FRIN	MECLEARLY SHELTON 1. Dayfon Leftson, W1530
Please check the appropriate boxes:			
Support	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Oppose  Neither support nor oppose	<b>Y</b>	X	X
I wish to speak  Available for information only			
Name, address and telephone number of  Are you being paid for your representation		ganization you are represen	nting: ☐ Yes No
Are you appearing as part of your other part (If you answered "no," STOP; you need question.)			Yes No nswered "yes," go on to the next
Speaking Limit:		4 minutes	
REGISTRANT #	(See ]	Back)	
REGISTRANT #			

	ou an e nmental	elected official who is appearing solely on behalf of your office or for your municipality or other body?  Yes No
		red "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you that:	ı are bei	ing paid for your representation, or if your appearance is part of other paid duties, do you understand
	1.,	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes No
	2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes No
	3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
(If yoi Office	ı answer at Roon	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.)
Date _	8,	Signature
		Print Name

# City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Addı	e Jusen Walle Jess 311 E John Madis en	usen Sf #306 WI 53703 1575
Please check the appropriate boxes:			-
Support	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Oppose Neither support nor oppose I wish to speak Available for information only	Χ		X
At this meeting are you representing an (If you answered "no," STOP; you need question.)  Name, address and telephone number of	d not complete the	rest of this form. If you a	inswered "yes," go on to the next
Are you being paid for your representation  Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for this	s person or organization? rest of this form. If you a	☐ Yes ☐ No ☐ Yes ☐ No answered "yes," go on to the next
Speaking Limit:		4 minutes	
REGISTRANT # <b>&amp;</b>	(See	Back)	

Are you an e governmental	11 0	n behalf of your office of for your municipal Yes	No
	red "yes" to the question, <b>STOP</b> . You need ou answered "no" to the question, go on to	not complete the rest of this form, except that the next question.)	at you must sign
If you are bei that:	ng paid for your representation, or if your	appearance is part of other paid duties, do	you understand
1.	Before you engage in lobbying as a lobby with the City Clerk?	vist, you or your principal must file an author	rization No
2.	Your principal is not permitted to authorwith the City Clerk?	rize you to lobby unless the principal is reg	gistered No
3		re than \$500 for lobbying services in any remust file expense statements with the City City?	
	red "no" to any of the last three questions, n 103 of the City-County Building, Madison	please call the City Clerk at 266-4601 or go , for more information)	o to the Clerk's
Date	Signature		
	Print Name		

# City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Agenda No. 29	Nam Add		L Crest-Way S 3716
Please check the appropriate boxes:	•		
	01880 Referendum	01881 Hardship Exemption	01985 Repealing smoking ban
Support			
Oppose		X	<u>×</u>
Neither support nor oppose	<u> </u>		
I wish to speak  Available for information only	yes		
(If you answered "no," STOP; you nee question.)  Name, address and telephone number of			
Are you being paid for your representat	ion? -		☐ Yes
Are you appearing as part of your other (If you answered "no," STOP; you nee question)	paid duties for thi d not complete the	s person or organization? e rest of this form. If you ar	Yes No nswered "yes," go on to the next
Speaking Limit:	***************************************	4 minutes	
REGISTRANT # 75	(See	Back)	

	ou an e nmental	elected official s body?	who is ap	ppearing sole	ly on be	haif of your o	office or fo	Yes	No No	ier
		red "yes" to the ou answered "no						orm, except t	hat you must si	gn
[fˈyou hat:	are bei	ing paid for you	represer	ntation, or if	your appe	earance is part	t of other p	aid duties, d	o you understa	nd
	1.	Before you en with the City (		bbying as a l	lobbyist, ː	you or your pr	incipal mus	st file an aut	horization  No	
	2.	Your principal with the City (		ermitted to a	uthorize	you to lobby	unless the	principal is Yes	registered No	
	3.	If your princip period (calend the remaining	ar quarter	), the princip	al must f					
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 _	9-2	0-05	_	Signature Print Name	Lu	un Gibs	bron			
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# City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

			11
	Nam	e trank	Harris
Agenda No. 29	Add	ress 16 E 6	Iman St. Apt4E
		Madisor	W 23793
Please check the appropriate boxes:			
	01880	01881	01985
	Referendum	Hardship Exemption	Repealing smoking ban
Support			
Oppose			
Neither support nor oppose	X	X	<i>*</i>
I wish to speak	7	<b>大</b>	<u> </u>
Available for information only		1456	-
Name, address and telephone number o	f each person or or	ganization you are represe	nting:
Are you being paid for your representat	ion?		☐ Yes ☐ No
Are you appearing as part of your other (If you answered "no," STOP; you nee question.)			Yes No iswered "yes," go on to the next
Speaking Limit:	••••••	4 minutes	
	(See	Back)	
REGISTRANT # 62	(200)	· •	

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

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	Nam	e <u>scott</u>	Buche		
Agenda No. 29	Addı	ress 402 L	ondenderry Dr. HD		
			53764		
Please check the appropriate boxes:	<del>-</del>				
	01880	01881	01985		
	Referendum	Hardship Exemption	Repealing smoking ban		
Support	,				
Oppose					
Neither support nor oppose					
I wish to speak					
Available for information only					
At this meeting are you representing an o (If you answered "no," STOP; you need question.)  Name, address and telephone number of or the state of th	not complete the	rest of this form. If you a	inswered "yes," go on to the next		
Are you being paid for your representation?  Are you appearing as part of your other paid duties for this person or organization?  Yes No  No  (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next					
question.)  Speaking Limit:			nswered yes, go on to the next		
~P		· · · · · · · · · · · · · · · · · · ·			
REGISTRANT # (See Back)					

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.,-	ou an e mental		is appearing solely of	on behalf of you	r office or for	your muni	cipality or other
			stion, <b>STOP.</b> You need the question, go on to			rm, except th	aat you must sign
If you that:	are bei	ng paid for your rep	presentation, or if your	appearance is p	art of other pa	id duties, do	you understand
	1.	Before you engage with the City Clerk	in lobbying as a lobb	yist, you or your	principal must	file an auth	orization No
	2	Your principal is a with the City Clerk	not permitted to author?	orize you to lobb	y unless the p	rincipal is r Yes	egistered No
	3.	period (calendar qu	pends or will owe mo uarter), the principal n ters of the calendar yea	nust file expense		•	
			ne last three questions, unty Building, Madison			66-4601 or <sub>t</sub>	go to the Clerk's
Date _			Signature _				
			Print Name				

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Agenda No. 29	Nam Add		oilman nolds Ave	
Agenda No. 25	Addi			
Secretary and the second secretary and the second s		Wounalce	Ke William	
Please check the appropriate boxes:				
	01880	01881	01985	
	Referendum	Hardship Exemption	Repealing smoking ban	
Support	- TOTOTOTICALITY	X X	Y	
Oppose				
Neither support nor oppose	×			
I wish to speak	1			
Available for information only				
			Yes 🗌 No	
CTS Bestawo	wit a	diem lett	<2014	
Sor Huns Ha				
Are you being paid for your representation	on?		Yes No	
Are you appearing as part of your other part of you answered "no," STOP; you need question)	paid duties for this not complete the	s person or organization? rest of this form. If you an	Yes No aswered "yes," go on to the next	
Speaking Limit:	••••	4 minutes		
	(See	Back)		
REGISTRANT #				
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Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
	ered "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
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Date	Signature
	Print Name