Date: $\frac{7/18/12}{}$

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

Agenda No Required – Can be on registration table	obtained from agenda	Name	Brod M. 401 N. Midison	allins Corroll'	St- 53703
Please check the app	propriate boxes:				
At this meeting are (If you answered "naquestion.)	speak wish to speak le to answer questions you representing an organizate, "STOP; you need not con selephone number of each per	aplete the rest of th	er than yourself: is form. If you ans	to speak answer ques Yes wered "yes,"	No
Are you being paid	for your representation?			☐ Yes	□No
	s part of your other paid dution," STOP; you need not con				☐ No go on to the next
Speaking Limits:	Public HearingInformation Hearing Other Items	5 min	utes		

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

Date: 7/18/12

City of Madison Registration Statement – Alcohol License Review Committee

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Agenda No// Required – Can be ob on registration table.	tained from agenda	Name Donald W. Hamaker Address 1553 Swuffer Hal Portland OR 97201	<u>-</u> 1 S4
Please check the appro	opriate boxes:		
Support Wish to sp Do not wi Available		□ Oppose□ Wish to speak□ Do not wish to speak□ Available to answer questions	
		ion or a person other than yourself: Yes No plete the rest of this form. If you answered "yes," go on to the	? next
		son or organization you are representing:	
Matter	horn Venture	Group LLC/Roast Public Ho	<u> 2m</u>
529	7 State St.		
M	adison WI	862-823-2448	·····
Are you being paid for		☐ Yes ☐ Yo	
		es for this person or organization? Yes No plete the rest of this form. If you answered "yes," go on to the	? next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes	

	ou an e nmental	elected official who is appearing solely on behalf of your office or for your municipality or other body? Yes No
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
	2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
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		red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information.)
Date _	7/)	Signature Print Name Donald W. Hamake

Date: 7/18/12

City of Madison Registration Statement – Alcohol License Review Committee

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Agondo No	/	Name	And rew	Gree	n bery
Agenda No	t otained from agenda	Address	127 U	'niversity	Ave 53703
on registration table.	Section 1997 Annual Control of the C	Control Contro	a corpisar,	-WL	3 3 7 0 3
Please check the appr	opriate boxes:				
	peak ish to speak to answer questions			eak sh to speak to answer ques	tions
At this meeting are yo (If you answered "no, question.)	ou representing an organ," STOP; you need not	ization or a person oth complete the rest of th	er than yourself: is form. If you ar	Yes Yes,"	□ No go on to the next
Name, address and tel	lephone number of each	person or organization	ı you are represer	nting:	
Ma	tterhorn	Venture	Gray	260	
D.B.4	- Roast	Public	House		
<u> </u>	9 State	Street,	Madi San	WI	53703
Are you being paid fo	r your representation?	·	,	Yes	No
	part of your other paid of "STOP; you need not			☐ Yes nswered "yes,"	No go on to the next
Speaking Limits:	Public HearingInformation Hearing Other Items	5 min	utes		

Are you an el governmental	lected official who is appearing solely on behalf of your office or for your municipality or other body?
	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you are bein that:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
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Date	Signature
	Print Name

City of Madison Registration Statement – Alcohol License Review Committee

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Agenda No. \\ Required – Can be of on registration table.	btained from agenda	Address	DOUGLAS 777 MADESS.	University	Ave	101	634
Please check the appr	opriate boxes:						
Support Wish to s Do not w Available	peak ish to speak to answer questions		□ D	ose Vish to speak to not wish to ar		stions	
	ou representing an organizat , " STOP; you need not con					□ No ' go on t	
Name, address and te	lephone number of each per	son or organi	zation you are	erepresenting	; :		
ROAST PUC	LFL HOUSE OBA.	/ MATTE	CHOLN VE	2NTURES_	6 ROUP	40	
529	STATE ST / MAD	eson wi	, 5370	3			
	- 823-2448						
	or your representation?				Yes	⊠ No)
	part of your other paid dution," STOP; you need not com						
Speaking Limits:	Public Hearing Information Hearing	• • • • • • • • • • • • • • • • • • • •	5 minutes				

	ou an e mental	lected official who is a body?	ppearing solely	on behalf o	of your office	or for your mur Yes	nicipality or other No
		red "yes" to the question, ou answered "no" to the		_		his form, except	that you must sign
If you that:	are bei	ng paid for your represen	ntation, or if yo	ur appearanc	ce is part of oth	ner paid duties, o	lo you understand
	1.	Before you engage in lowith the City Clerk?	obbying as a lob	byist, you o	r your principal	must file an aut	horization No
	2.	Your principal is not p with the City Clerk?	permitted to auth	horize you t	o lobby unless	the principal is Yes	registered No
	3.	If your principal spend period (calendar quarte the remaining quarters of	r), the principal	must file ex			
		red "no" to any of the la. n 103 of the City-County	-	-	•	k at 266-4601 or	go to the Clerk's
Date _	7/18	3112	Signature Print Name	Dove	US HAMAN	EL	

Date:	7	13

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

1		Name	HEWRY 1	Asceran	6 P
Agenda No		Address	777 Univa	erity Av	4
Required – Can be ol on registration table.	btained from agenda	_	MADISON WI	,)3
Please check the appr	opriate boxes:				
	peak ish to speak to answer questions	[Oppose Wish to spe Do not wish Available to		tions
	ou representing an organiz			Yes Yes, "	No go on to the next
_	lephone number of each p	person or organiz	ation you are represent	ing:	
	ATL STREET				
707 83					
Are you being paid fo	r your representation?			Yes	No
	part of your other paid du "STOP; you need not co			☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing Information Hearing				

	ou an onmental	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
		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.)
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		rred "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date	71	Signature Print Name Hanky D. AsgiAner