

Date: 3/17/10

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

17727 & 17622

Agenda No. 27, 6
Required – Can be obtained from agenda on registration table.

Name Douglas H. Cameron
Address 950 Jennifer St. #211

Please check the appropriate boxes:

Support
 Wish to speak
 Do not wish to speak
 Available to answer questions

Oppose
 Wish to speak
 Do not wish to speak
 Available to answer questions

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 Limits: Public Hearing 5 minutes
Information Hearing 5 minutes
Other Items 3 minutes

(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 3/17/10

Signature 

Print Name Douglas Cameron

Date: 03/17/2010

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Agenda No. <u>6</u> <i>Required – Can be obtained from agenda on registration table.</i>

Name Sarah Shuman
 Address 107 1/2 State St
Madison WI 53703

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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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Signature _____

Print Name _____

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Agenda No. <u>6</u> <u>Required</u> – Can be obtained from agenda on registration table.

Name Matt Grietzel
 Address 140 Iota Ct
Madison, WI 53707

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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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Signature _____

Print Name _____

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Agenda No. <u>6</u> Required – Can be obtained from agenda on registration table.
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Name MATT ARO
 Address 116 KING

Please check the appropriate boxes:



Support

- Wish to speak
- Do not wish to speak
- Available to answer questions



Oppose

- Wish to speak
- Do not wish to speak
- Available to answer questions

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:

PLAN B, GRETISMAN INVESTMENTS

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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 Information Hearing 5 minutes
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(See Back)

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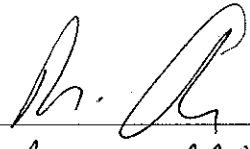
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Date 3/17

Signature 
Print Name MATT ARO

Date: 3-17-10

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Agenda No. <u>6</u> <i>Required - Can be obtained from agenda on registration table.</i>

Name Corey Gresen
 Address 1150 E Wilson St. #312
Madison, WI 53703

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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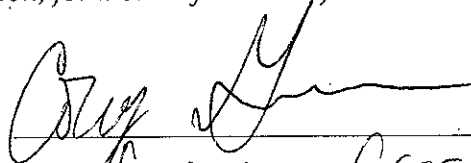
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Date 3-17-18

Signature



Print Name

Corey Gresen

Date: 3/17/10

City of Madison
Registration Statement – Alcohol License Review Committee

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Agenda No. <u>6</u> <u>Required</u> – Can be obtained from agenda on registration table.

Name Rico Subatini
 Address 3923 Claire St
Madison, WI 53714

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
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Print Name _____