Date: 5/19/11

### City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

To a survivaria survivaria de la companya del companya del companya de la company		
	2 7	Name ERICA FOX GETTRIG
Agenda No	3 t	Address 1811 VILAS AUE.
Required – Can be on registration table	obtained from agenda e.	MAD BON, W1 53711
Please check the app	propriate boxes:	
	speak wish to speak le to answer questions	Oppose  Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are in (If you answered "in question.)	you representing an organiza o, " STOP; you need not con	tion or a person other than yourself: Yes No nplete the rest of this form. If you answered "yes," go on to the next
Name, address and t	elephone number of each per	rson or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
		es for this person or organization? Yes No nplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public HearingInformation Hearing Other Items	5 minutes

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
	vered "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.)
If you are b that:	eing 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?
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?
	vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	

# City of Madison Registration Statement – Alcohol License Review Committee

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Agenda No	btained from agenda	Name $G$ Address $R$	US \$71 2= 571 17 P/S	ARAS	5
Please check the app	ropriate boxes:				
	speak vish to speak e to answer questions		Oppose  Wish to speak Do not wish to Available to a	o speak	ns
(If you answered "no question.)	ou representing an organize of a content of the content of the content of each person or each pe	mplete the rest of this	form. If you answe	ered "yes," go	☐ No on to the next
		A A A A A A A A A A A A A A A A A A A			
			<b>****</b>		-
Are you being paid for	or your representation?		·	☐ Yes	
Are you appearing as (If you answered "no question.)	part of your other paid dut o, "STOP; you need not con	ies for this person or complete the rest of this	organization? form. If you answe	Yes 7	No on to the next
Speaking Limits:	Public HearingInformation Hearing				rue.

Are you an e governmental	elected official who is appearing solely on behalf of your office or for your municipality or other body?
	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.)
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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 5 -	18-11 Signature G 72
	Print Name GUS PARAS

Date: 5/18/11

### City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

#### PLEASE PRINT CLEARLY

	Name Angela Black
Agenda No.	Address 1 S. Prockney ST
<u>Required</u> – Can be obtained from agenda on registration table.	
	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
	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," go on to the next
Name, address and telephone number of ea	ach person or organization you are representing:
216 State Stract	- Ill - property owner
216 Strade Str	eet
Madison 25	5-8756
Are you being paid for your representation	?
Are you appearing as part of your other pa (If you answered "no," STOP; you need no question.)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	5 minutes 295 minutes 3 minutes

Would like to speak LAST on the Hen

Are you an elected official who is a governmental body?	appearing solely on behalf of your office	or for your municipality or other  Yes No
(If you answered "yes" to the question this form. If you answered "no" to the	n, <b>STOP.</b> You need not complete the rest of question, go on to the next question.)	this form, except that you must sign
If you are being paid for your represe that:	entation, or if your appearance is part of or	her paid duties, do you understand
1. Before you engage in l with the City Clerk?	lobbying as a lobbyist, you or your principa	al must file an authorization Yes No
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	ds or will owe more than \$500 for lobbyinger), the principal must file expense statement of the calendar year?	
	ast three questions, please call the City Cle Building, Madison, for more information.)	rk at 266-4601 or go to the Clerk's
Date 3/18/2011	Signature S	Sade
	Print Name Angela Blo	ick

Date:	5-	-17-	-//	

# 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	37 obtained from agenda	Name	Joe Lusso 627 E. Go, Madison	N rham?	57
Please check the app	propriate boxes:				
	speak vish to speak le to answer questions		Oppose Wish to spea Do not wish Available to	ak to speak answer ques	stions
(If you answered "n question.)	you representing an organizate, "STOP; you need not confelephone number of each per	iplete the rest of	this form. If you ansv	wered "yes,"	No go on to the next
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	A distribution		VALUE		
Are you being paid	for your representation?			Yes	☐ No
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Speaking Limits:	Public HearingInformation Hearing Other Items	5 m	inutes		

Are yo governi		lected official who is appearing solely on behalf of your office or for your municipality or other body?
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you a that:	are bein	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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		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:	

## City of Madison Registration Statement – Alcohol License Review Committee

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Agenda No	obtained from agenda	Name	Henry 523 E Madizon	) ) o u	han	
Please check the app	propriate boxes:	4				
	speak wish to speak le to answer questions	J	Oppose  Wish to spe Do not wish Available to		stions	
(If you answered "n question.)	you representing an organization," STOP; you need not contact the second	mplete the rest of th	his form. If you ans		No No go on to the	next
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Are you being paid i	for your representation?			☐ Yes	No	
	s part of your other paid dut. o," STOP; you need not con			☐ Yes wered "yes,"	No no to the r	iext
Speaking Limits:	Public HearingInformation Hearing Other Items	5 mir	nutes			

Are you an egovernmental	elected official who is body?	appearing solely	on behalf of your	r office or for	your mun Yes	icipality or other
	red "yes" to the questio ou answered "no" to th				m, except t	hat you must sign
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1.	Before you engage in with the City Clerk?	lobbying as a lo	bbyist, you or your	principal must	file an auth	norization No
2.	Your principal is not with the City Clerk?	permitted to aut	chorize you to lobb	y unless the pr	incipal is i	registered No
3.	If your principal spen period (calendar quar the remaining quarters	ter), the principa	l must file expense			
	red "no" to any of the l n 103 of the City-Count				6-4601 or	go to the Clerk's
Date	5/18/1	Signature Print Name	Hery	Noon		

Date: 5-18-11

# City of Madison Registration Statement – Alcohol License Review Committee

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Agenda No	btained from agenda	Name	Tru 1/28 Mod	Flor NILV	1 5370	)3
Please check the appr	opriate boxes:					
	peak ish to speak to answer questions		Do n	en to speak not wish to spe lable to answe		
At this meeting are yo (If you answered "no question.)	ou representing an organization," STOP; you need not comp	on or a person oth plete the rest of th	ner than you nis form. If y	, CA	Yes	ie next
Name, address and te	lephone number of each person	on or organization	n you are re	presenting:		
10, BC	x 1829, 1h	doen, le	1 5	3701		A
Are you being paid fo	r your representation?				Yes No	
	part of your other paid duties "STOP; you need not comp				Yes No "yes," go on to th	e next
Speaking Limits:	Public HearingInformation Hearing					

Are you a governmen	n elected official who is appearing solely on behalf of your office or for your municipality or other tal body?
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Date	Signature
	Print Name

Date: 5-18-1)

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22	465							
-	M	Name	GU	5	PAK	2AS	>	
Agenda No	/ /	Address	20	6)	ST,	A7	15.	5
<u>Required</u> – Can be of	btained from agenda	1 20 112						
on registration table.						No.		
Please check the appr	opriate boxes:							
	peak ish to speak to answer questions			ppose Wish to Do not Availab	speak wish to spo le to answ	eak er quest	ions	
At this meeting are yo (If you answered "no question.)	ou representing an organizat, "STOP; you need not com	ion or a pers	on other tha t of this for	an yourse m. If you		Yes "yes,"	□ No go on to t	he next
Name, address and te	lephone number of each per	son or organ	ization you	are repre	senting:			
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				***************************************			4	
Are you being paid fo	r your representation?					Yes	Q/No	
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Date	Signature Company
	Print Name GDS PHPHS