| Date: | lt. | /30 | 11 |
|-------|-----|-----|----|
|       |     |     |    |

You must register before the ALRC considers your item.

|   |  | Name                   | AKHVIR  | KAU                   | 2                    |         |
|---|--|------------------------|---|-----------------------|----------------------|---------|
| Agenda No   |  | Address                | ly let SA                                     |                       |                      | )(      |
| Required – Can be of on registration table                  | obtained from agenda<br>   |                        |   | SON                   |                      |         |
| Please check the app  Support  Wish to  Do not v  Available | oropriate boxes: speak vish to speak e to answer questions   |                        | Oppose  Wish to spea Do not wish Available to | to speak              | stions               |         |
| (If you answered "naquestion.)                              | you representing an organize, "STOP; you need not contain the state of | omplete the rest of th | is form. If you ansv                          | ·                     | □ No<br>'.go on to t | he next |
| Name, address and t   | elephone number of each p  | erson or organization  | you are represent                             | ng:<br>               |                      |         |
|   |  |                        |   |                       |                      |         |
| -   |  |                        |   |                       |                      |         |
| Are you being paid f  | or your representation?  |                        |   | Yes                   | ☐ No                 |         |
|   | s part of your other paid du<br>o, "STOP; you need not co  |                        |   | ☐ Yes<br>vered "yes," | □ No<br>go on to th  | he next |
| Speaking Limits:  | Public Hearing Information Hearing Other Items   | 5 min                  | ıtes  |                       |                      |         |

| Are you an elected official who is governmental body?                          | appearing solely   | y on behalf of your off  | ice or for your mu           | nicipality or other |
|--|--------------------|--|------------------------------|---------------------|
| (If you answered "yes" to the questio this form. If you answered "no" to the   |                    | -  | of this form, except         | that you must sign  |
| If you are being paid for your represthat:                                     | entation, or if yo | our appearance is part of                                      | f other paid duties,         | do you understand   |
| 1. Before you engage in with the City Clerk?                                   |                    | bbyist, you or your princ                                      | eipal must file an au<br>Yes | thorization  No     |
| 2. Your principal is not with the City Clerk?                                  | permitted to aut   | thorize you to lobby unl                                       | less the principal is        | registered  No      |
|  | er), the principa  | nore than \$500 for lobb<br>I must file expense state<br>year? |                              |                     |
| (If you answered "no" to any of the l<br>Office at Room 103 of the City-County |                    |  |                              | r go to the Clerk's |
| Date 1/130711  | Signature          | Rat  | he.                          | (Oe                 |
|  | Print Name         | lach   | VIY                          | AV8                 |

Date: 11 30 2011

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

You must register before the ALRC considers your item.

| on registration tabl                                   |  | Name TY               | acy Schin                                    | nwak<br>Kama<br>Ove 11 | 1000 Ln                          |
|--|--|-----------------------|--|------------------------|----------------------------------|
| Please check the ap  Support  Wish to  Do not  Availab | •  |                       | Oppose  Wish to spe Do not wish Available to |                        | stions                           |
| (If you answered "1 question.)                         | you representing an organization," STOP; you need not contact telephone number of each per | nplete the rest of th | is form. If you ans                          | ·                      | □ No<br>' go on to the next<br>· |
| Are you being paid                                     | for your representation?   |                       |  | Yes                    |                                  |
| Are you appearing a                                    | as part of your other paid dutino," STOP; you need not con                                 | •                     | _  | ☐ Yes                  | No<br>go on to the next          |
| Speaking Limits:                                       | Public HearingInformation Hearing Other Items  | 5 min                 | utes   |                        |                                  |

| 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, <b>STOP.</b> 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 represe that:  | entation, or if your appearance is part of other   | paid duties, do you understand         |  |  |  |  |
| 1. Before you engage in l with the City Clerk?  | obbying as a lobbyist, you or your principal m   | ust file an authorization Yes No       |  |  |  |  |
| 2. Your principal is not p with the City Clerk?   | permitted to authorize you to lobby unless the   | e principal is registered Yes No       |  |  |  |  |
| , , , , ,   | ls or will owe more than \$500 for lobbying ser), the principal must file expense statements of the calendar year? | • • • •                                |  |  |  |  |
| (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 11/30/2011   | Signature Jack Minimum Signature   | 70                                     |  |  |  |  |
|   | Print Name   racy School   | $d\rho$                                |  |  |  |  |

Date: 1/30/11

# City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

#### PLEASE PRINT CLEARLY

| Agenda No(2<br>Required – Can be o<br>on registration table. | btained from agenda<br>24239                           | Name<br>Address | Si<br>46<br>M | 19<br>13<br>19 | X<br>A44<br>501                    | ivis<br>icus        | way<br>I           | #-10     |
|--|--|-----------------|---------------|----------------|------------------------------------|---------------------|--------------------|----------|
| Please check the appr  | copriate boxes:  |                 |               |                |                                    | ς.                  |                    |          |
|  | peak<br>ish to speak<br>to answer questions            |                 | X 0           | Do not         | to speak<br>t wish to<br>ble to ar | speak<br>nswer ques | stions             |          |
|  | ou representing an organizat," STOP; you need not com  |                 |               |                |                                    |                     | yo on to           | the next |
| Name, address and te   | lephone number of each per                             | son or organiz  | zation you    | are repr       | esenting                           | <b>;</b> :          |                    |          |
|  |  |                 |               |                |                                    |                     |                    |          |
|  |  |                 |               |                |                                    |                     |                    |          |
| Are you being paid fo  | r your representation?                                 |                 |               |                |                                    | Yes                 | ZNo                |          |
|  | part of your other paid dutien "STOP; you need not com |                 |               |                |                                    | ☐ Yes<br>red "yes," | ☐ No<br>go on to t | he next  |
| Speaking Limits:   | Public HearingInformation Hearing                      |                 |               |                |                                    |                     |                    |          |

Other Items......3 minutes

| Are you an elected official who is governmental body?                           | appearing solely on behalf of your   | office or for your municipality or oth              | ıer |
|---|--|---|-----|
| (If you answered "yes" to the question this form. If you answered "no" to the   | •  | rest of this form, except that you must siş<br>)    | gn  |
| If you are being paid for your representat:                                     | entation, or if your appearance is pa  | rt of other paid duties, do you understar           | nd  |
| 1. Before you engage in with the City Clerk?                                    | lobbying as a lobbyist, you or your p  | orincipal must file an authorization Yes No         |     |
| 2. Your principal is not with the City Clerk?                                   | permitted to authorize you to lobby  | unless the principal is registered  Yes No          |     |
| , , , ,   | ds or will owe more than \$500 for let, the principal must file expense sof the calendar year? | , ,   |     |
| (If you answered "no" to any of the lo<br>Office at Room 103 of the City-County |  | ity Clerk at 266-4601 or go to the Clerk<br>ation.) | z's |
| Date (1/30/1/   | Signature (M)  | B. Dar  |     |
| ,   | Print Name   | i Davis   |     |

| Date: |  |
|-------|--|
|       |  |

You must register before the ALRC considers your item.

### PLEASE PRINT CLEARLY

| Agenda No(<br>Required – Can be obtai<br>on registration table. | ned from agenda   | Name<br>Address | Sin<br>4613<br>Mades | Da                                       | Vi<br>Lice        | s way                      |
|---|---|-----------------|----------------------|--|-------------------|----------------------------|
| Please check the appropr  | iate boxes:   |                 |                      |  | Ç                 |                            |
| Support Wish to spea Do not wish Available to                   |   |                 |                      | to speak<br>t wish to sp<br>able to ansv |                   | tions                      |
|   | epresenting an organization of the state of |                 |                      |  | ] Yes<br>d "yes," | (D)No<br>go on to the next |
| Name, address and teleph  | none number of each perso   | on or organ     | ization you are repi | resenting:                               |                   |                            |
|   |   |                 |                      |  |                   |                            |
|   |   |                 |                      |  | 1 57              |                            |
| Are you being paid for yo                                       | our representation?   |                 |                      |  | Yes               | ∐ No                       |
|   | t of your other paid duties TOP; you need not comp  |                 |                      |  | Yes "yes,"        | ☐ No<br>go on to the next  |
|   | ıblic Hearingformation Hearing  |                 |                      |  |                   |                            |

Other Items.......3 minutes

| •                   | an elected official who is appental body?     | pearing solely on behalf of your office or   | for your muni           | icipality or other |
|---------------------|---|--|-------------------------|--------------------|
|                     | •   | STOP. You need not complete the rest of this uestion, go on to the next question.)                         | i form, except th       | hat you must sign  |
| If you are<br>that: | being paid for your represent                 | ation, or if your appearance is part of other  | paid duties, do         | you understand     |
| 1.                  | Before you engage in lob with the City Clerk? | obying as a lobbyist, you or your principal m  | nust file an auth       | orization<br>No    |
| 2.                  | Your principal is not pewith the City Clerk?  | rmitted to authorize you to lobby unless the   | e principal is r<br>Yes | egistered<br>No    |
| 3.                  |   | or will owe more than \$500 for lobbying so, the principal must file expense statements the calendar year? |                         |                    |
|                     | , ,   | three questions, please call the City Clerk a<br>uilding, Madison, for more information.)                  | st 266-4601 or g        | go to the Clerk's  |
| Date                |   | Signature  |                         |                    |
|                     |   | Print Name   |                         |                    |

| Date: | 11-38-11 |  |
|-------|----------|--|
|-------|----------|--|

You must register before the ALRC considers your item.

### PLEASE PRINT CLEARLY

| Agenda No. 6  Required – Can be of on registration table. | btained from agenda  | Name   | MARY MI<br>4337 M<br>MADISON               | ULEN<br>ILFOR         | 10 RD.<br>53711      |
|---|--|--|--|-----------------------|----------------------|
| Please check the appr                                     | opriate boxes:   |  |  | ,                     |                      |
| Available Available                                       | ish to speak<br>to answer questions  |  |  | answer ques           | a                    |
| At this meeting are yo (If you answered "no question.)    | ou representing an organization of street or s | tion or a person ot<br>uplete the rest of t  | her than yourself:<br>his form. If you ans | ∐ Yes<br>wered "yes," | So on to the next    |
| Name, address and tel                                     | lephone number of each per   | rson or organizatio  | on you are represent                       | ing:                  |                      |
|   |  |  |  |                       |                      |
|   |  |  |  |                       |                      |
| Are you being paid fo                                     | r your representation?   |  |  | Yes                   | ☐ No                 |
| Are you appearing as (If you answered "no, question.)     | part of your other paid dution "STOP; you need not com   | es for this person of the second seco | or organization?<br>his form. If you ans   | ☐ Yes<br>wered "yes," | No go on to the next |
| Speaking Limits:  | Public HearingInformation Hearing  |  |  |                       |                      |

Other Items......3 minutes

| Are you an elected official governmental body? | al who is appearing solely o  | n behalf of your office or   | for your munic           | eipality or other |
|--|---|------------------------------|--------------------------|-------------------|
|  | he question, <b>STOP.</b> You need "no" to the question, go on to                                 |                              | form, except th          | at you must sign  |
| If you are being paid for y that:              | our representation, or if your  | appearance is part of other  | paid duties, do          | you understand    |
| 1. Before you with the Cit                     | engage in lobbying as a lobby<br>y Clerk?   | ist, you or your principal m | ust file an autho        | orization<br>No   |
| 2. Your princi with the Cit                    | pal is not permitted to authory Clerk?  | rize you to lobby unless the | e principal is re<br>Yes | gistered<br>No    |
| period (cale                                   | cipal spends or will owe mor<br>ndar quarter), the principal m<br>ng quarters of the calendar yea | ust file expense statements  | •                        |                   |
|  | ny of the last three questions,<br>ity-County Building, Madison                                   |                              | t 266-4601 or g          | o to the Clerk's  |
| Date 11-30-11                                  | Signature   | Mary Mul                     | len                      |                   |
|  | Print Name  | Mary MULLE                   | <u> </u>                 |                   |

| Date: |  |
|-------|--|
|-------|--|

You must register before the ALRC considers your item.

| Agenda No<br>Required – Can be on registration table  | obtained from agenda                                    | Name <u>Selena</u> Address <u>H6/3</u>                                | Pettigrew<br>ATTICUS Way #123<br>On, WI 53711            |
|---|---|---|--|
| a distribution to the state of |   |   | 7  |
| Please check the app  | propriate boxes:  |   |  |
| 1 iouse oneon the up  | Nopriate concer   |   |  |
| Support Wish to Do not v Availab  | speak<br>vish to speak<br>le to answer questions        |   | to speak<br>of wish to speak<br>able to answer questions |
| At this meeting are y (If you answered "n question.)  | you representing an organizato, "STOP; you need not com | tion or a person other than your aplete the rest of this form. If yo  | self: Yes No ou answered "yes," go on to the nex.        |
| Name, address and t   | elephone number of each per                             | son or organization you are rep                                       | resenting:   |
|   | •   |   | & Association  |
|   |   | · '   |  |
|   |   |   |  |
| Are you being paid f  | or your representation?                                 |   | ☐ Yes ☑No  |
|   |   | es for this person or organization plete the rest of this form. If yo | n? Yes No<br>u answered "yes," go on to the next         |
| Speaking Limits:  | Public HearingInformation Hearing                       | 5 minutes   |  |

| Are you an e governmental | lected 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<br>ou answered "no" to the question, go on to the next question.)   |
| If you are beinthat:      | 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?   |
| 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 103 of the City-County Building, Madison, for more information.)   |
| Date <u>/// 3</u>         | 0/11 Signature <u>beleva Pethique</u>  |
|                           | 10/11 Signature <u>Selena Pettigress</u> Print Name <u>Selena Pettigress</u>   |

| Date: |  |
|-------|--|
| Date. |  |

You must register before the ALRC considers your item.

| Agenda No  | Name Addres  | kathenin<br>1818/te/ea<br>Madison                      | e Vanderbilt<br>ne<br>53711           |
|--|--|--|---------------------------------------|
| Please check the appropriate boxe  | s;   |  |                                       |
| Support  Wish to speak Do not wish to speak Available to answer quantity  At this meeting are you representing | ng an organization or a per                                | Oppose Wish to speak Do not wish to Available to an    | swer questions                        |
| (If you answered "no," STOP; you question.)  Name, address and telephone num                                   |  |  |                                       |
|  |  |  |                                       |
|  |  |  |                                       |
| Are you being paid for your repres   | sentation?   |  | Yes No                                |
| Are you appearing as part of your (If you answered "no," STOP; yo question.)                                   | other paid duties for this p<br>u need not complete the re | erson or organization? est of this form. If you answer | Yes No<br>ed "yes," go on to the next |
|  | ringn Hearing  |  |                                       |

| -                 | u an el<br>mental l | •   | opearing sole  | ly on behalf of your off  | ice or for yo   | our munic<br>Yes     | cipality or other No |
|-------------------|---------------------|---|----------------|---|-----------------|----------------------|----------------------|
|                   |                     | ed "yes" to the question,<br>u answered "no" to the q |                | need not complete the rest<br>on to the next question.)           | of this form,   | except th            | at you must sign     |
| If you a<br>that: | are bein            | g paid for your represen                              | tation, or if  | your appearance is part of  | f other paid    | duties, do           | you understand       |
|                   | 1.                  | Before you engage in lo with the City Clerk?          | bbying as a l  | obbyist, you or your princ  | cipal must file | e an autho           | orization<br>No      |
|                   | 2.                  | Your principal is not powith the City Clerk?          | ermitted to a  | uthorize you to lobby unl   | less the princ  | cipal is re<br>] Yes | egistered<br>No      |
|                   |                     |   | ), the princip | more than \$500 for lobb<br>al must file expense state<br>r year? |                 |                      |                      |
|                   |                     |   |                | ions, please call the City (<br>dison, for more information       |                 | 4601 or g            | o to the Clerk's     |
| Date              | 11/30               | 111   | Signature      | Hatherine<br>katherine  | Vande           | releit               | 1                    |
|                   |                     |   | Print Name     | Kathenine   | · Van           | don                  | bitt                 |

| Date: |  |
|-------|--|
|-------|--|

You must register before the ALRC considers your item.

| Agenda No  | Name SHARON GRANT Address 4309 Lum Ley Madison Wi 537//  |
|--|--|
| 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 organizat (If you answered "no," STOP; you need not comquestion.)  Name, address and telephone number of each per- | plete the rest of this form. If you answered "yes," go on to the next  |
|  |  |
|  |  |
| Are you being paid for your representation?  | ☐ Yes ☐ No   |
| Are you appearing as part of your other paid dutie (If you answered "no," STOP; you need not comquestion.)   | 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  |  |

| Are you an egovernmental |  | appearing solely    | y on behalf of your offic  | ce or for your mun          | nicipality or other |
|--------------------------|--|---------------------|--|-----------------------------|---------------------|
|                          | red "yes" to the questi<br>ou answered "no" to t |                     | eed not complete the rest on to the next question.)              | of this form, except        | that you must sign  |
| If you are beithat:      | ing paid for your repre                          | sentation, or if yo | our appearance is part of  | other paid duties, o        | do you understand   |
| 1.                       | Before you engage in with the City Clerk?        | n lobbying as a lo  | bbyist, you or your princi                                       | pal must file an aut        | horization  No      |
| 2.                       | Your principal is no with the City Clerk?        | t permitted to au   | thorize you to lobby unle  | ess the principal is<br>Yes | registered No       |
| 3.                       |  | rter), the principa | more than \$500 for lobby<br>I must file expense staten<br>year? |                             | _                   |
|                          |  |                     | ns, please call the City Co<br>son, for more information         |                             | go to the Clerk's   |
| Date                     | 11/30/11   | Signature           | Skaron   | Grant                       | an parameter        |
|                          | ,  | Print Name          | SHARON   | GRAN                        |                     |

Date: 14/30/11

# City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

| Agenda No.  Required – Can be o on registration table. |  | Name Address   | Sob Ha<br>353 De Va<br>Andison               | sue<br>5/15 P                  | k w y                |
|--|--|--|--|--------------------------------|----------------------|
|  | ,  |  | Oppose  Wish to spe Do not wish Available to |                                | itions               |
| (If you answered "no question.)  Name, address and te  | ou representing an organiza, "STOP; you need not contempt lephone number of each per | nplete the rest of | his form. If you ans  n you are represent    | wered "yes,"<br>ing:           |                      |
| Are you appearing as                                   | pr your representation?  part of your other paid duti  "STOP; you need not con       | es for this person o   | or organization?<br>uis form. If you ans     | ☐ Yes<br>☐ Yes<br>wered "yes," | No go on to the next |
| Speaking Limits:                                       | Public HearingInformation Hearing  |  |  |                                |                      |

| Are you an elected official who is governmental body?                         | appearing solely on behalf of your office of   | or for your municipality or other  |
|---|--|------------------------------------|
| (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 the question, go on to the next question.)                     | is form, except that you must sign |
| If you are being paid for your representat:                                   | entation, or if your appearance is part of other   | er paid duties, do you understand  |
| 1. Before you engage in with the City Clerk?                                  | lobbying as a lobbyist, you or your principal  | must file an authorization  Yes No |
| 2. Your principal is not with the City Clerk?                                 | permitted to authorize you to lobby unless t   | he principal is registered Yes No  |
| , , , ,   | ds or will owe more than \$500 for lobbying er), the principal must file expense statement of the calendar year? | , ,                                |
| · ·   | ast three questions, please call the City Clerk<br>Building, Madison, for more information.)                     | at 266-4601 or go to the Clerk's   |
| Date  | Signature Cole 5   | ye                                 |
| / /   | Print Name Robert D. 1   | lague                              |

Date: 11/30/2011

# City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

|   |  |                   |                          |                       | •                       |
|---|--|-------------------|--------------------------|-----------------------|-------------------------|
|   |  | Name              | Cathy Ca                 | 500R)                 |                         |
| Agenda No                               | ,<br>  | Address 6         | 2114 Red A               | ROW TR                |                         |
| Required – Can be on registration table | obtained from agenda<br>e.   |                   | Madism (Fin              | tchbarg               | 5371                    |
|   |  | -                 |                          | 2000                  |                         |
| Please check the app                    | propriate boxes:   |                   |                          |                       |                         |
|   |  | . 2               | <b>√</b> -               |                       |                         |
| <b>Support</b>                          | •  |                   | Oppose                   |                       |                         |
| Wish to                                 |  |                   | Wish to spe              | ak                    |                         |
|   | wish to speak  |                   | Do not wis               | n to speak            |                         |
| Availab                                 | le to answer questions   |                   | Available t              | o answer ques         | tions                   |
| (If you answered "n question.)          | you representing an organization, "STOP; you need not controlled not controlled not controlled not controlled not controlled not not need not perfectly not not need not perfectly not not need not not need need not need not need need need need need need need nee | mplete the rest ( | of this form. If you ans | swered "yes,"         | ģo oħ to the nexi       |
|   |  |                   |                          |                       |                         |
|   |  |                   |                          |                       |                         |
| Are you being paid f                    | for your representation?   |                   |                          | Yes                   | No.                     |
|   | s part of your other paid dut<br>o, " STOP; you need not con   |                   |                          | ☐ Yes<br>wered "yes," | No<br>go on to the next |
| Speaking Limits:                        | Public Hearing   |                   |                          |                       |                         |
|   | Information Hearing  | 5                 | minutes                  |                       |                         |

| Are yo<br>govern  |         | 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 :<br>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?   |
|                   | 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   |