

Date: 01.16.13

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>4</u> Required – Can be obtained from agenda on registration table.
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Name PATRICK QUINLAN
 Address 2710 TULLOCH TRAIL
MADISON

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. Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying. 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 _____

Signature _____

Print Name _____

Date: Jan 16, 2013

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u>4. 28753</u> Required – <i>Can be obtained from agenda on registration table.</i>
--

Name SEAN BAXTER

Address 714 ONEIDA PLACE

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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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.)

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(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: _____

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u>4</u> Required – Can be obtained from agenda on registration table.
--

Name ALFREDO TEUSCHLER

Address 3658 CARIBOU RD

Please check the appropriate boxes:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose |
| <input type="checkbox"/> Wish to speak | <input type="checkbox"/> Wish to speak |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input checked="" type="checkbox"/> Available to answer questions | <input type="checkbox"/> 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
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Public Hearing.....	5 minutes
Information Hearing.....	5 minutes
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(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 1/16/17

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

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PLEASE PRINT CLEARLY

Agenda No. <u>28753</u> Required – Can be obtained from agenda on registration table.
--

Name Frank Sutherland
 Address Bardman & Clark LLP
1 S. Rieby Madison WI

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:
Arbinger Hospital LLC

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

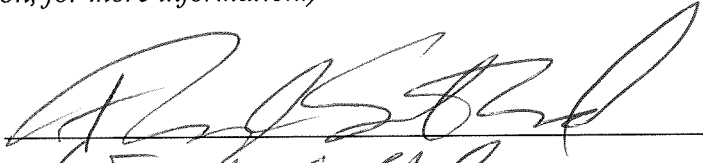
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Date 1/16/13 Signature 
Print Name Frank Sittler