

Date: 12/18/13

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>10</u> <u>Required</u> – Can be obtained from agenda on registration table.
--

Name Ronald M. Trachtenberg
 Address 33 E. Main St #800
Madison 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:

No – **STOP** - you are done with this form

Yes - go on to the next question

Name, address and telephone number of each person or organization you are representing:

Lake Management 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?

No – **STOP** - you are done with this form

Yes - go on to the next question

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

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 12/18/13

Signature *Ronald M Trachtenberg*
Print Name Ronald M Trachtenberg

Date: 12-18-13

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Name SHARIFF SYED

Address ~~2801~~ 2801 ATWOOD AVE
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
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- No – **STOP** - you are done with this form
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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?

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Speaking Limits:

Public Hearing	5 minutes
Information Hearing.....	5 minutes
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Name MICK JOSOFF
 Address 3614 ATWOOD AV
MADISON, WI 53704

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:

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Name, address and telephone number of each person or organization you are representing:

LAKE MANAGEMENT, LLC dba BP GAS STATION
2801 ATWOOD AVENUE

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization?

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Speaking Limits: Public Hearing.....5 minutes
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Date _____

Signature _____

Print Name _____

Date: _____

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Name Lou Host-JABLONSKI
 Address 38 DIXON - 53714

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:

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Name, address and telephone number of each person or organization you are representing:

SASY NEIGHBORHOOD ASSOCIATION

Are you being paid for your representation?

- Yes No

Are you appearing as part of your other paid duties for this person or organization?

- No – **STOP** - you are done with this form
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Speaking Limits:

Public Hearing	5 minutes
Information Hearing.....	5 minutes
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Date _____

Signature _____

Print Name _____

Date: 18 DEC

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Agenda No. <u>10</u> Required – Can be obtained from agenda on registration table.
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Name MARIL MCFADDEN
 Address 513 ELMSIDE BLVD
MADISON WI 53704

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:

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Name, address and telephone number of each person or organization you are representing:

SCENIC ATWOOD STARBUCKS JAHARA
NEIGHBORHOOD ASSOCIATION

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization?

- No – **STOP** - you are done with this form
- Yes - go on to the next question

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

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Signature _____

Print Name _____

Date: _____

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Name NABEEL SYED.

Address 2801 ATWOOD AVENUE

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:

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Name, address and telephone number of each person or organization you are representing:

LAKE MANAGEMENT LLC dba BP GAS STATION.

2801 ATWOOD AVENUE MADISON WI 53704

Are you being paid for your representation?

- Yes No

Are you appearing as part of your other paid duties for this person or organization?

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Speaking Limits:

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Signature _____

Print Name _____

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Agenda No. 10
Required – Can be obtained from agenda on registration table.

Name MaryJo Walters
Address 137 Carry St
MADISON, WI 53704

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:

No – **STOP** - you are done with this form

Yes - go on to the next question

Name, address and telephone number of each person or organization you are representing:

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Signature _____

Print Name _____