•	Date: 1711 14
	Item: Co e-cigarettes in public spaces
Calala	
Name: Wara Ouru	
Address: 2318 Teal Drive, Mi	MEON
$\sqrt{\text{Support}}$ I wish	to speak
, X X	ble for information only
Neither support nor oppose	
Comments:	
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next question.)	
Are you being paid for your representation?	les.
Are you being paid for your representation:	tog for this norman or organization?
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	ou need not complete the rest of this form. If you answered
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Are you a public official or employee who is app	pearing solely on behalf of your office or for
your governmental body?	
(If you answered "yes," STOP, you need not complete to	he rest of this form, except you must sign this form. If you
answered "no," go on to the next question.	
Name, address, and telephone number of each pe	erson you are representing:
American Cancer Society Can	er Action Network
8317 Flderberry Road	
Madison, WIJ 53717	
If you are being paid for your representation, or	if your appearance is part of your other paid
duties, do you understand that the City of Madis	on and Dane County require registration of paid
lobbyists? Ves	•
(Requirements for registration as a lobbyist are slightly di	fferent between Madison and Dane County. Registration
with either jurisdiction is sufficient for appearing before to	he Board of Health for Madison and Dane County. For
information about registering as a lobbyist, contact the M	adison City Clerk, 266-4601 AND the Dane County Clerk,
266-4121 or visit the office of each clerk in the City-Coun	y Building, 121 Martin Luther King, Jr. Biva, Madison.
	41-411
Are you registered as a lobbyist with (check any	tnat applies):
City of Madison, Dane County	
Dane County	\bigwedge
Other	[] N
Signature: / //n	# <i>(</i>

Item: $#9$ (36141)
Name: John John John John John John John John
Address: 508 W Wisconsin St tortage WI
SupportTwish to speak
Oppose Available for information only
Neither support nor oppose
Comments:
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On this occasion, are you officially representing an organization or person other than you?
(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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Are you being paid for your representation?
Are you appearing as part of your other paid duties for this person or organization?o
(If you answered "no" to both these questions, STOP, you need not complete the rest of this form. If you answered
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(Requirements for registration as a lobbyist are slightly different between Madison and Dane County. Registration
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266-4121 or visit the office of each clerk in the City-County Building, 121 Martin Luther King, Jr. Blvd, Madison.
Are you registered as a lobbyist with (check any that applies):
City of Madison,
Dane County
Other
Signature:

	· •		Date:	12-11-14	
			Item:	#9	
Name: J	201 Mac 64 3530 H	bbin			
Address:	3530 H	eather Cr	rest	Madisen	
Support		∑_ I wish	to speak	formation only	
Oppose		Availa	able for in	formation only	
Neither sup	port nor oppose				•
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Comments:				· · · · · · · · · · · · · · · · · · ·	
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ranio, addres	s, and totophono na	inoer or each p	OIBOII J.O.		
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If you are bein	ng paid for your rep	resentation, or	if your ap	pearance is part of yo	our other paid
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lobbyists?	1 17		1:00 11 1		Carrette Danishundian
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information abo	ut registering as a lobb	yist, contact the M	ladison City	Clerk, 266-4601 AND th	e Dane County Clerk,
266-4121 or visi	t the office of each cleri	k in the City-Cour	ıty Building,	121 Martin Luther King,	Jr. Blvd, Madison.
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	tered as a lobbyist v	vith (check any	that appl	ies):	
	ity of Madison,	•			
	ane County			•	
O	ther				
	a:				

	Item: # 9
- 1	
Name: Tyler Neuman Address: 6621 Berkshire rd	
Address: 6621 Berkshire rd 1	Madison UI 53711
SupportX I wish Avails	to speak able for information only
Neither support nor oppose	
Comments: Strongly oppose E-	cig ban
On this occasion, are you officially representing (If you answered "no," STOP , you need not complete to next question.)	g an organization or person other than you? <u>NO</u> he rest of this form. If you answered "yes," go on to the
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Are you registered as a lobbyist with (check an City of Madison,	y that applies):
Dane County	
Other	
Signature:	

Board of Health for Madison and Dane County Registration to Appear X I wish to speak Support Available for information only ppose Neither support nor oppose On this occasion, are you officially representing an organization or person other than you? (If you answered "no," STOP, you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Mo (If you answered "no" to both these questions, STOP, you need not complete the rest of this form. If you answered "yes" to either, go on to the next question, on reverse.) Are you a public official or employee who is appearing solely on behalf of your office or for your governmental body? 170 (If you answered "yes," STOP, you need not complete the rest of this form, except you must sign this form. If you answered "no," go on to the next question. Name, address, and telephone number of each person you are representing: If you are being paid for your representation, or if your appearance is part of your other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? (Requirements for registration as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County. For information about registering as a lobbyist, contact the Madison City Clerk, 266-4601 AND the Dane County Clerk, 266-4121 or visit the office of each clerk in the City-County Building, 121 Martin Luther King, Jr. Blvd, Madison. Are you registered as a lobbyist with (check any that applies): City of Madison, Dane County Other

Signatura

12-11-14 Date: Item: EMILY Name: Address: 291 X Support I wish to speak Available for information only Oppose Neither support nor oppose Comments: anorubil On this occasion, are you officially representing an organization or person other than you? (If you answered "no," STOP, you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP, you need not complete the rest of this form. If you answered "yes" to either, go on to the next question, on reverse.) Are you a public official or employee who is appearing solely on behalf of your office or for your governmental body? (If you answered "yes," STOP, you need not complete the rest of this form, except you must sign this form. If you answered "no," go on to the next question. Name, address, and telephone number of each person you are representing: If you are being paid for your representation, or if your appearance is part of your other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? (Requirements for registration as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County. For information about registering as a lobbyist, contact the Madison City Clerk, 266-4601 AND the Dane County Clerk, 266-4121 or visit the office of each clerk in the City-County Building, 121 Martin Luther King, Jr. Blvd, Madison. Are you registered as a lobbyist with (check any that applies): City of Madison, Dane County Other Signature:

Board of Health for Madison and Dane County Registration to Appear Date: Item: Address: wish to speak Support Available for information only Oppose Neither support nor oppose On this occasion, are you officially representing an organization or person other than you? (If you answered "no," STOP, you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP, you need not complete the rest of this form. If you answered "yes" to either, go on to the next question, on reverse.) Are you a public official or employee who is appearing solely on behalf of your office or for your governmental body? (If you answered "yes," STOP, you need not complete the rest of this form, except you must sign this form. If you answered "no," go on to the next question. Name, address, and telephone number of each person you are representing: Spein Media 600 If you are being paid for your representation, or if your appearance is part of your other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? (Requirements for registration as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County. For information about registering as a lobbyist, contact the Madison City Clerk, 266-4601 AND the Dane County Clerk, 266-4121 or visit the office of each clerk in the City-County Building, 121 Martin Luther King, Jr. Blvd, Madison. Are you registered as a lobbyist with (check any that applies): City of Madison,

Signature: Le Op Mark

Dane County

Other

	Item: 9
0	10111.
Name: <u>Jeremy Yeterson</u>	
Address: 4001 Bruns Ave	Madison, WI 53714
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	ailable for information only
Neither support nor oppose	·
Comments:	
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	te the rest of this form. If you answered "yes," go on to the
next question.)	
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"yes" to either, go on to the next question, on reverse.	
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your governmental body? $\mathcal{N}\mathcal{D}$	appearing solery on behalf of your office of for
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answered "no," go on to the next question.	te the rest of this form, except you must sign this form. If you
Name, address, and telephone number of each	n person you are representing:
Madison Area Vapers -	- Social Media Grouf
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	or if your appearance is part of your other paid dison and Dane County require registration of paid
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	ly different between Madison and Dane County. Registration
	re the Board of Health for Madison and Dane County. For
information about registering as a lobbyist, contact the	e Madison City Clerk, 266-4601 AND the Dane County Clerk,
266-4121 or visit the office of each clerk in the City-Co	ounty Building, 121 Martin Luther King, Jr. Blvd, Madison.
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Are you registered as a lobbyist with (check a	my mat appness.
City of Madison, Dane County	
Other	
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Board of Health for Madison and Dane County Registration to Appear Date: Item: Name: Address: XI wish to speak Support Available for information only **Oppose** Neither support nor oppose Comments: On this occasion, are you officially representing an organization or person other than you? (If you answered "no," STOP, you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP, you need not complete the rest of this form. If you answered 'yes" to either, go on to the next question, on reverse.) Are you a public official or employee who is appearing solely on behalf of your office or for your governmental body? (If you answered "yes," STOP, you need not complete the rest of this form, except you must sign this form. If you answered "no," go on to the next question. Name, address, and telephone number of each person you are representing:

If you are being paid for your representation, or if your appearance is part of your other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists?

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Are you registered as a lobbyist with (check any that applies):
City of Madison,
Dane County
Other

Signature:

Date: 12/11/1/
Item: 36/4/
Name: Ronald Halterman - Brown
Address: 4548 Steln Ave madison wt 537/4
SupportI wish to speak
XOppose Available for information only
Neither support nor oppose
Comments:
On this occasion, are you officially representing an organization or person other than you?
Answer Laine waid for years remagnetation?
Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization?
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(If you answered "no" to both these questions, STOP, you need not complete the rest of this form. If you diswered "yes" to either, go on to the next question, on reverse.)
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266-4121 or visit the office of each clerk in the City-County Building, 121 Martin Luther King, Jr. Blvd, Madison.
Are you registered as a lobbyist with (check any that applies):
City of Madison,
Dane County
Other
Signature:

	Item: 7 - 36/4/
Pul C	
Name: Kick Ou Address: 726 Ca	Lat land Maditon
Address. 120 Ca	Bit Latie, 5- lagistic
Support _VOpposeNeither support nor oppose	I wish to speak Available for information only e
Comments:	
	
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	icially representing an organization or person other than you? <u>No</u>
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your governmental body?	employee who is appearing solely on behalf of your office or for you need not complete the rest of this form, except you must sign this form. If you question.
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	yist with (check any that applies):
City of Madison,	
Dane County Other	
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	Cianotura

Name: Beth Kemoch Address: 404 Your K 5+ Combined W S Support	Date: 12-11-14	_
Support I wish to speak	Item: Agenda #9	
Support I wish to speak		
Support I wish to speak Available for information only Neither support nor oppose Available for information only (If you answered "no," STOP, you need not complete the rest of this form. If you answered "yes," go on to the next question, Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP, you need not complete the rest of this form. If you answered "yes" to either, go on to the next question, on reverse.) Are you a public official or employee who is appearing solely on behalf of your office or for your governmental body? (If you answered "yes," STOP, you need not complete the rest of this form, except you must sign this form. If you answered "no" go on to the next question. Name, address, and telephone number of each person you are representing: If you are being paid for your representation, or if your appearance is part of your other paid duties, do you understand that the City of Madison and Dane County require registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County. For information about registering as a lobbyist are slightly different between Madison and Dane County. For information about registering as a lobbyist are slightly different between Madison and Dane County. For information about registering as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County. For information about registering as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County. For information about registered as a lobbyist with (check any that applies):	Name: Beth Kempelh	
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266-4121 or visit the office of each clerk in the City-Co	ounty Building, 121 Martin Luther King, Jr. Blvd, Madison.
Are you registered as a lobbyist with (check a	ny that applies):
City of Madison,	
Dane County	
Other	
G!	M

Date: 12 11 14 Item: # 9
Name: Layla Fannan Address: 2049 Baird St. Madison WI 63714
Support I wish to speak Oppose Available for information only Neither support nor oppose
Comments:
On this occasion, are you officially representing an organization or person other than you? (If you answered "no," STOP, you need not complete the rest of this form. If you answered "yes," go on to the next question.)
Are you being paid for your representation? \(\frac{\frac{1}{1}}{}\)\(\text{}\) Are you appearing as part of your other paid duties for this person or organization? \(\text{}\)\(\text{}\)\(\text{}\)\(\text{}\)\(\text{}\)\(\text{}\)\(\text{}\)\(\text{}\)\(\text{}\)\(\text{}\)\(\text{}\)\(\text{}\)\(\text{}\)\(\text{}\)\(\text{}\)\(\text{}\)\(\text{}\)\(\text{}\)\(\text{}\)\(\text{\text{}}\)\(\text{\text{}}\)\(\text{\text{}}\)\(\text{\text{}}\)\(\text{\text{\text{}}}\)\(\text{\text{\text{\text{}}}}\)\(\text{
Are you a public official or employee who is appearing solely on behalf of your office or for your governmental body? (If you answered "yes," STOP, you need not complete the rest of this form, except you must sign this form. If you answered "no," go on to the next question.
Name, address, and telephone number of each person you are representing:
If you are being paid for your representation, or if your appearance is part of your other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? (Requirements for registration as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County. For information about registering as a lobbyist, contact the Madison City Clerk, 266-4601 AND the Dane County Clerk, 266-4121 or visit the office of each clerk in the City-County Building, 121 Martin Luther King, Jr. Blvd, Madison.
Are you registered as a lobbyist with (check any that applies):
City of Madison, Dane County
Other
Signature:

Date: // December 2014 Item: Name: Mekenzie Lund Address: & N. Bassett St. Madison, WI 53703 \ Support X I wish to speak Oppose Available for information only Neither support nor oppose Comments: On this occasion, are you officially representing an organization or person other than you? 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.) Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP, you need not complete the rest of this form. If you answered "yes" to either, go on to the next question, on reverse.) Are you a public official or employee who is appearing solely on behalf of your office or for your governmental body? (If you answered "yes," STOP, you need not complete the rest of this form, except you must sign this form. If you answered "no," go on to the next question. Name, address, and telephone number of each person you are representing: If you are being paid for your representation, or if your appearance is part of your other paid duties, do you understand that the City of Madison and Dane County require registration of paid (Requirements for registration as a lobbyist are slightly different between Madison and Dane County, Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County, For information about registering as a lobbyist, contact the Madison City Clerk, 266-4601 AND the Dane County Clerk, 266-4121 or visit the office of each clerk in the City-County Building, 121 Martin Luther King, Jr. Blvd, Madison. Are you registered as a lobbyist with (check any that applies): City of Madison, Dane County Other Signature:

Date: Item: Name: Tacquelin Address: 4562 Support I wish to speak ×Oppose Available for information only Neither support nor oppose Comments: On this occasion, are you officially representing an organization or person other than you? 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.) Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP, you need not complete the rest of this form. If you answered 'yes" to either, go on to the next question, on reverse.) Are you a public official or employee who is appearing solely on behalf of your office or for your governmental body? (If you answered "yes," STOP, you need not complete the rest of this form, except you must sign this form. If you answered "no," go on to the next question. Name, address, and telephone number of each person you are representing: If you are being paid for your representation, or if your appearance is part of your other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? (Requirements for registration as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County, For information about registering as a lobbyist, contact the Madison City Clerk, 266-4601 AND the Dane County Clerk, 266-4121 or visit the office of each clerk in the City-County Building, 121 Martin Luther King, Jr. Blvd, Madison. Are you registered as a lobbyist with (check any that applies): City of Madison, Dane County Other Signature: Salylline T

Date: 12/11/ Item: Address: 4362 Bonnil Ara Support I wish to speak Available for information only ✓Oppose Neither support nor oppose Comments: On this occasion, are you officially representing an organization or person other than you? (If you answered "no," STOP, you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP, you need not complete the rest of this form. If you answered "yes" to either, go on to the next question, on reverse.) Are you a public official or employee who is appearing solely on behalf of your office or for your governmental body? (If you answered "yes," STOP, you need not complete the rest of this form, except you must sign this form. If you answered "no," go on to the next question. Name, address, and telephone number of each person you are representing: If you are being paid for your representation, or if your appearance is part of your other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbvists? (Requirements for registration as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County. For information about registering as a lobbyist, contact the Madison City Clerk, 266-4601 AND the Dane County Clerk, 266-4121 or visit the office of each clerk in the City-County Building, 121 Martin Luther King, Jr. Blvd, Madison. Are you registered as a lobbyist with (check any that applies): City of Madison, Dane County Other of Bounna

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Name: Jan 1501	a. 14A.
Name: Jenni Fer S Address: W 5284 County	m/4~
Address: W5289 County	Koad 5
Support	<u>✓</u> I wish to speak
ppose	Available for information only
Neither support nor oppose	
Comments:	
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	a not complete the rest of this form. If you answered yes, go on to the
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Are you appearing as part of your	other paid duties for this person or organization?
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City of Madison,	
Dane County	
Other	
Sign	nature:
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Date: 12/11/ 7014
Item: 9
Name: ADAM SCHULTZ
Address: 1217 SAINT ACKETST DR. SUN PRAITLIE
Support YOppose Neither support nor oppose I wish to speak Available for information only
Comments: BANNING E-CIGARETTES FROM PUBLIC PLACES IS A BAR INFA. THERE IS ZERO EVIDENCE SHOWING VAPING IS HARMFUL TO THE USER OR BYSTANDETCS. LEGISLATING A TAN BASED ON THE WAY SOMETHING LOOKS IS OPENING A DOOR TO A LOT OF POSSIBLITIES IN THE GOVERNMENT SEVERELY ABUSING On this occasion, are you officially representing an organization or person other than you? 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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Are you registered as a lobbyist with (check any that applies):
City of Madison, Dane County
Other

Signature:_

Date: 10-11-0014
Item:
Name: MOTHY L CITILDS Address: IN 5284 CNTY HIMY B RID WI
Support I wish to speak Available for information only
Neither support nor oppose
Comments: HAVE BEEN SMOKE FREE FOR NEARLY 2 YRSTHAWKS TO VAPING. ALMOST DOWN TO ZERO MCOTENT. PSAPLISH MICH THAT WISH TO NOT KLUDW VAPING CAN BUY SIGN. GETREAL PLEASE - VAPING DAVES LIVES
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Are you being paid for your representation?
Are you a public official or employee who is appearing solely on behalf of your office or for your governmental body?
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Are you registered as a lobbyist with (check any that applies):
City of Madison, Dane County Other
Signature:

Date: 12/11/2014 Support I wish to speak ✓ Oppose Available for information only Neither support nor oppose Comments: This is my tool to quit smoking. And It has worked I do I wish to be put out with smokers. I My doctor is trilled with the On this occasion, are you officially representing an organization or person other than you? (If you answered "no," STOP, you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP, you need not complete the rest of this form. If you answered 'yes" to either, go on to the next question, on reverse.) Are you a public official or employee who is appearing solely on behalf of your office or for your governmental body? (If you answered "yes," STOP, you need not complete the rest of this form, except you must sign this form. If you answered "no," go on to the next question. Name, address, and telephone number of each person you are representing: If you are being paid for your representation, or if your appearance is part of your other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? (Requirements for registration as a lobbyist are slightly different between Madison and Dane County. Registration with either jurisdiction is sufficient for appearing before the Board of Health for Madison and Dane County, For information about registering as a lobbyist, contact the Madison City Clerk, 266-4601 AND the Dane County Clerk, 266-4121 or visit the office of each clerk in the City-County Building, 121 Martin Luther King, Jr. Blvd, Madison, Are you registered as a lobbyist with (check any that applies): City of Madison, Dane County Other Signature: Mistry Mking

	Date: 12-11-18
_ / / / / / / / / / / / / / / / / / / /	Item:
Name David Ah	VLNS
Name: Address: YOU Ma	in - Mrl
Addicss. 707 ///	700
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	able for information only
Neither support nor oppose	•
Comments:	
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Are you being paid for your representation?	
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Are you a public official or employee who is ap	nagring galaky on hahalf of your office or for
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Name, address, and telephone number of each p	erson you are representing:
	
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lobbyists?	son and Dane County require registration of paid
	lifferent between Madison and Dane County. Registration
with either jurisdiction is sufficient for appearing before	
	ladison City Clerk, 266-4601 AND the Dane County Clerk,
266-4121 or visit the office of each clerk in the City-Cour	ty Building, 121 Martin Luther King, Jr. Blvd, Madison.
Are you registered as a labbriet with (about	that applicals
Are you registered as a lobbyist with (check any	that applies):
City of Madison,	
Dane County Other	
Signature:	
, Digitation	

	Date: 11/11/19
,	Item:
Name: Colton Rody	
Address: Class Carol Ann D-	Studenant Wt 53177
SupportI	wish to speak
	vailable for information only
Neither support nor oppose	
Comments:	
Comments	
<u> </u>	
On this occasion, are you officially represent	nting an organization or person other than you? <u>no</u>
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next question.)	
Are you being paid for your representation?	} <u></u>
Are you appearing as part of your other paid	d duties for this person or organization?
(If you answered "no" to both these questions, STO	\pmb{OP} , you need not complete the rest of this form. If you answered
"yes" to either, go on to the next question, on revers	
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	is appearing solely on behalf of your office or for
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Name, address, and telephone number of ea	ach person you are represenung:
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If you are being paid for your representation	n, or if your appearance is part of your other paid
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(Requirements for registration as a lobbyist are slig	htly different between Madison and Dane County. Registration
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Are you registered as a lobbyist with (chec	k any that applies):
City of Madison,	
Dane County	
Other	
Signature:	

	Date: /2/////
	Item:
~ 1· //	
Name: Julian Hager	
Address: 4225 108th St Franksville	e W2 53126
Support <u>I</u> I wish	to speak
Oppose Availa	ble for information only
Neither support nor oppose	
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Comments: I am here to support	The continuation of plectionic
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Are you a public official or employee who is app	peoring solely on behalf of your office or for
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your governmental body?	
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266-4121 or visit the office of each clerk in the City-Coun	ly Bullaing, 121 Martin Luiner King, Jr. Diva, Madison.
	that annling).
Are you registered as a lobbyist with (check any	mat appnes):
City of Madison,	
Dane County	
Other	_ / / ///
Signature:	

Date: 12/10/14
Name: Che Say Mayton Address: 1000 S Hancock St 4110, Madres
Support I wish to speakOppose Available for information onlyNeither support nor oppose
Comments: This is in NO way comparable to smoking.
On this occasion, are you officially representing an organization or person other than you?
Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP, you need not complete the rest of this form. If you answered "yes" to either, go on to the next question, on reverse.)
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Are you registered as a lobbyist with (check any that applies):
City of Madison, Dane County Other
Other

•	Date: <u>/2////4</u> Item:
	item:
Name: HERIN EXPA	16
Address: 1235 # 30%	# 1233 JACKSON #308, STOUGHTE
	To all the seconds
Support	I wish to speak
Oppose	Available for information only
Neither support nor oppose	
Comments:	DI CONTRACTOR OF THE PARTY OF T
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	epresenting an organization or person other than you?
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name, address, and telephone number	er of each person you are representing:
	
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Are you registered as a lobbyist with	(check any that applies):
City of Madison,	
Dane County	
Other	·
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Date: 12-11-14
Item:
Name: All Ven Chave
Address: 5218 Kerrs Cony Macoson
Support Wish to speak
Oppose Available for information only
Neither support nor oppose
Comments:
On this occasion, are you officially representing an organization or person other than you?
(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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City of Madison,
Dane County
Other
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