	Registration to Appear // < ///
	Date:
	Name: Jenal E. Meyer Address: 201 Randolph Mnive, Mudisin WI
	Support Support
	Comments:
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	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.)
·	Are you a public official or employee who is appearing solely on behalf of your office or for your governmental body? No (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.
\ <u>\</u>	Name, address, and telephone number of each person you are representing: wisconsin Wildlife Federation, Wisconsin Association of Field Trial Club, Wisconsin Association of Sporting logs; Dog Federation of Wisherican Kennel Club
1540	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?
	Are you registered as a lobbyist with (check any that applies): \[\(\sum_{\text{City of Madison}} \) \(\text{City of Madison}, \(\text{Lim Madison} \) \(\text{Madison}, \(\text{Lim Madison} \) \(\text{Provision} \) \(\text{Provision} \) \(\text{City of Madison}, \(\text{Lim Madison} \) \(\text{Provision} \) \(\text{City of Madison}, \(\text{Lim Madison} \) \(\text{Madison} \) \(\text{City of Madison}, \(\text{Lim Madison} \) \(\text{Provision} \) \(\text{City of Madison}, \(\text{Lim Madison} \) \(\text{City of Madison}, \(\text{Lim Madison} \) \(\text{Lim Madison} \) \(\text{City of Madison}, \(\text{Lim Madison} \) \(\text{Lim Madison}
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Board of Health for Madison and Dane County Registration to Appear Address: I 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: 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

Signature:

Board of Health for Madison and Dane County
Registration to Appear
Date: 11 (6 [14]

	Date: Thomas Tho
	Item: $\int_{-\infty}^{\infty} \omega_{\lambda} z$
Name 10 has track	(4)
Name: JOHN STROS	
Address: 2905 Irvington	way
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(Requirements for registration as a lobbyist are slig	htly different between Madison and Dane County. Registration
with either jurisdiction is sufficient for appearing be	efore the Board of Health for Madison and Dane County. For
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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.
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Are you registered as a lobbyist with (check	cany mat appnes):
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Dane County	
Other	V ~ / X / · ·
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Signaturo:	

Board of Health for Madison and Dane County Registration to Appear

Item: Coupanion arumatordinas
Name: Melissa Tedrowe Humane Society of US Address: PO BOX 26122, Wannatosa WI J53226
Support I wish to speakOppose Available for information onlyNeither support nor oppose
Comments:
On this occasion, are you officially representing an organization or person other than you?
"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 State of Wiscousic
Signature: 1111 Leaugh