

**REGISTRATION OF PRINCIPAL
EMPLOYING A LOBBYIST**

For Use In 2001-2002

Return to Office of the City Clerk, 210 Martin Luther King, Jr. Blvd., Room 103, Madison, WI-53709-0001. 11-12

Section 1 -- Identification of Principal
"Principal" means any person who employs a lobbyist.

American Lung Association of Wisconsin

Name of Principal

Name of in-house person the City Clerk's Office may contact regarding lobbying issues:

Wininsky

Dona

Public Policy Director

Last Name

First Name

Title

150 S. Sunny Slope Rd., Suite 105

Mailing Address

Brookfield

WI

53005-4857

City

State

Zip Code

Business Address (if different)

262-782-7833

Contact Phone

262-782-7834

Contact FAX

www.lungusa.org

wininsky@lungwisconsin.org

Contact E-mail Address

Principal's Internet Address

Person to whom correspondence should be sent (if different from above)

Last Name

First Name

Firm or Organization Name

Mailing Address

City

State

Zip Code

Phone

FAX

E-mail Address

Section II -- Nature and Interest of Principal

Check one of the following and complete only that section:

Business Entity

Describe the business activity in which the entity is engaged

Chief Executive Officer: _____
Last First Title

If partnership or limited liability company, check here and attach list of partners/members.

Industry, Trade or Professional Association

Describe the industry, trade or profession including any segment thereof which the association exclusively or primarily represents

Chief Executive Officer: _____
Last First Title

Approximate number of members: _____

Other Not for Profit

Governmental Labor Union Charitable/Religious/Civic, etc. Other

Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents

Mission: To promote lung health and prevent lung disease through research, advocacy, education

Describe any industry, trade, profession, or group with a common interest which the organization primarily represents or from which the organization's membership or financial support is primarily derived

Approximate number of members: unknown People with lung

disease or at risk. Funding through a variety of sources, including private donors.

Individual

Name and address of the individual's employer, if any, or of the individual's primary place of business, if self-employed

Describe the business activity in which the individual or the individual's employer is engaged

Section III -- Areas of Lobbying

Provide a reasonably specific narrative summary of areas of legislative and administrative action the principal may attempt to influence:

The enactment of smokefree policies in workplaces and public accomodations

List the City agencies in which the principal seek to influence administration action:

All None Agencies listed below

Health Department

Identify the proposed legislative or administrative action in connection with which the principal has made or intends to make a lobbying communication before December 31.

1. Item: Smokefree workplace ordinance

a. How will this item affect the principal's business or other activity?

Enactment of this ordinance will further the mission of the American Lung Association of Wisconsin which was stated on page one. It will provide a safe, smoke-free environment for all citizens of Madison, especially those who are negatively impacted by involuntary exposure to secondhand smoke.

b. Which industry, trade, profession or segment or portion thereof would be principally affected?

All places of business that employ a public workforce as well as those places where members of the general public might reasonably expect to visit.

c. If the item is an appropriation, please identify the City program or person for which the appropriation is proposed and the approximate amount, if you know the amount.

For additional items, attach additional sheets.

Section IV - Authorization of Lobbyists

The following lobbyists are authorized to represent the principal in proposed legislative or administrative action.

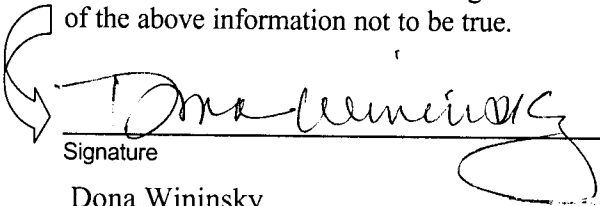
1. Lobbyist's Name: Dona Wininsky
Mailing Address: see page one
Address _____ City _____ State _____ Zip Code _____
Phone No.: _____
Indicate if: Contract Lobbyists or Employee
2. Lobbyist's Name: _____
Mailing Address: _____
Address _____ City _____ State _____ Zip Code _____
Phone No.: _____
Indicate if: Contract Lobbyists or Employee
3. Lobbyist's Name: _____
Mailing Address: _____
Address _____ City _____ State _____ Zip Code _____
Phone No.: _____
Indicate if: Contract Lobbyists or Employee
4. Lobbyist's Name: _____
Mailing Address: _____
Address _____ City _____ State _____ Zip Code _____
Phone No.: _____
Indicate if: Contract Lobbyists or Employee

Section V - Authorized Signer

1. Name: Dona Wininsky
Position or Relationship to Principal: staff lobbyist
2. Name: _____
Position or Relationship to Principal: _____
3. Name: _____
Position or Relationship to Principal: _____
4. Name: _____
Position or Relationship to Principal: _____

Section VI -- Certification

I certify that the above is true and correct to the best of my knowledge, information and belief, and that I am the registrant or an authorized designee. I understand that I am subject to a forfeiture if I know or believe any of the above information not to be true.



Public Policy Director

Signature

Title

Dona Wininsky

January 29, 2001

Type or print name as signed above

Date

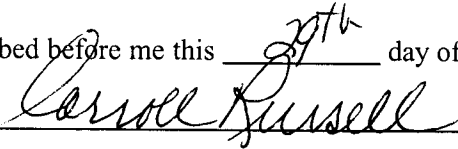
Address & Telephone (if different from first page of this form)

Dona Wininsky Public Policy Director

Individuals permitted to sign documents - Name and position or relationship to the principal of any designee authorized to sign documents submitted to the City Clerk by the organization principal.

Subscribed before me this 29th day of January, 2001.

Notary



Commission expires: 9/1/02

