

Section II -- Nature and Interest of Principal

Check one of the following and complete only that section:

Business Entity

TAVERN BUSINESS AT 430 W. GILMAN ST.
Describe the business activity in which the entity is engaged

Chief Executive Officer: SCHMOCK, LAWRENCE (SOLE MEMBER)
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

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: _____

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:

CITY ACTIONS AFFECTING HIS
ALCOHOL BEVERAGE LICENSE

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

All None Agencies listed below

POLICE DEPT, ALRC, COMMON COUNCIL, MAYOR

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: EXPANSION OF HIS PREMISES

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

THE BOTTOM LINE

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

N/A

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.

N/A

For additional items, attach additional sheets.

2. If lobbying communication relates to the capital or operating budget, identify topic or topics.

CAPITAL BUDGET

OPERATING BUDGET

topic
topic
topic
topic
topic
topic

topic
topic
topic
topic
topic
topic

Section IV - Authorization of Lobbyists

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

1. Lobbyist's Name: _____
 Mailing Address: _____
 Address **Marinus (Rick) J.W. Petri** _____
 Zip Code _____

Phone No.: _____
 Contact I **Murphy & Desmond, s.c.** _____
 Lawyers _____

2. Lobbyist's Name: _____
 Mailing Address: _____
 Address Manchester Place Office (608) 257-7181
 2 East Mifflin Street Fax (608) 257-2508
 Suite 800 Home (608) 249-9188
 P.O. Box 2038 rpetri@murphydesmond.com
 Madison, WI 53701-2038 www.murphydesmond.com
 Zip Code _____

Phone No.: _____
 Contact I _____ or Employee: _____

3. Lobbyist's Name: _____
 Mailing Address: _____
 Address **Ronald M. Trachtenberg** _____
 Zip Code _____

Phone No.: _____
 Contact I **Murphy & Desmond, s.c.** _____
 Lawyers _____

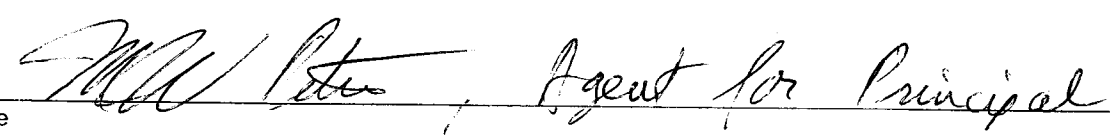
4. Lobbyist's Name: _____
 Mailing Address: _____
 Address Manchester Place Office (608) 257-7181
 2 East Mifflin Street Fax (608) 257-2508
 Suite 800 Home (608) 836-3570
 P.O. Box 2038 rtrachtenberg@murphydesmond.com
 Madison, WI 53701-2038 www.murphydesmond.com
 Zip Code _____

Phone No.: _____
 Contact Lobbyists: _____ or Employee: X

LAWRENCE SCHMOCK
 4465 HILLCREST DR.
 MADISON, WI. 53705
 218-9020

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.


Signature _____

_____ **Marinus (Rick) J.W. Petri** _____ 2-12-01
Type or print name as signed at

_____ **Murphy & Desmond, s.c.** _____
Address & Telephone (if different) **Lawyers**

_____ Manchester Place Office (608) 257-7181
2 East Mifflin Street Fax (608) 257-2508
Suite 800 Home (608) 249-9188
P.O. Box 2038 rpetri@murphydesmond.com
Madison, WI 53701-2038 www.murphydesmond.com
Individuals permitted to sign documents submitted to the Clerk of Circuit Court _____ f any designee authorized to sign

Subscribed before me this 12th day of February, 2001.

Bonnie J. Brockman
Notary Bonnie J. Brockman

Commission expires: 10/26/2003