

**REGISTRATION OF PRINCIPAL  
EMPLOYING A LOBBYIST**

For Use in 2002

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CLERKS OFFICE

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Return to Office of the City Clerk, 210 Martin Luther King, Jr. Blvd., Room 103, Madison, WI 53703-3342

**Section 1 -- Identification of Principal**  
**"Principal" means any person who employees 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

13100 W. Lisbon Rd., Ste. 700

Mailing Address

Brookfield WI 53005  
City State Zip Code

Business Address (if different)

262-703-4849

Contact Phone

262-781-5180

Contact FAX

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

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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

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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

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

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

**Individual**

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

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

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### 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 clean indoor air and smokefree policies.

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: Amend smokefree workplace ordinance

- a. How will this item affect the principal's business or other activity?  
Further the mission of the ALA/W by providing a safe, smokefree indoor 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?  
Restaurant operators
- 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/public policy director
  
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.

*Dona Wininsky*  
Signature \_\_\_\_\_ Title **Public Policy Director**  
**Dona Wininsky** \_\_\_\_\_ Date **July 24, 2002**  
Type or print name as signed above \_\_\_\_\_ Date \_\_\_\_\_

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

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 24th day of July, 2002.

*Marlene L. Kukla*  
Notary \_\_\_\_\_

Commission expires: 4-17-05

