

**REGISTRATION OF PRINCIPAL
EMPLOYING A LOBBYIST**
For Use In 2004

RECEIVED-CITY OF MADISON
CLERKS OFFICE

04 APR -2 AM 8:20

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 employs a lobbyist.

American Lung Association of WI
Name of Principal

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

Wininsky Last Name Dana First Name Public Policy Div Title
13100 W. Lisbon Rd. Suite 700 Mailing Address
Brookfield City WI State 53005 Zip Code

Business Address (if different)

262-703-4849
Contact Phone

262-781-5180
Contact FAX

wininsky@lunguetscousdt.org
Contact E-mail Address

www.lungusa.org
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

To promote lung health and prevent lung disease

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: 7

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:

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

- All None Agencies listed below

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 smoke free workplace ordinance
- a. How will this item affect the principal's business or other activity?
- b. Which industry, trade, profession or segment or portion thereof would be principally affected?
- 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.

- Lobbyist's Name: Dona Wininsky

Mailing Address: see page 1

Address _____ City _____ State _____ Zip Code _____

Phone No.: _____

Indicate if: Contract Lobbyists or Employee
- Lobbyist's Name: _____

Mailing Address: _____

Address _____ City _____ State _____ Zip Code _____

Phone No.: _____

Indicate if: Contract Lobbyists or Employee
- Lobbyist's Name: _____

Mailing Address: _____

Address _____ City _____ State _____ Zip Code _____

Phone No.: _____

Indicate if: Contract Lobbyists or Employee
- Lobbyist's Name: _____

Mailing Address: _____

Address _____ City _____ State _____ Zip Code _____

Phone No.: _____

Indicate if: Contract Lobbyists or Employee

Section V - Authorized Signer

- Name: Dona Wininsky

Position or Relationship to Principal: Public Policy Dir.
- Name: _____

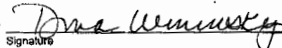
Position or Relationship to Principal: _____
- Name: _____

Position or Relationship to Principal: _____
- 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.


Signature

Public Policy Dir
Title

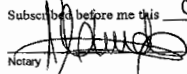
Dona Weininsky
Type or print name as signed above

March 30, 2004
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 04 day of April, 2004.


Notary

HELOISA P. ARRUDA
Notary Public - State of Wisconsin
My Commission Expires Dec. 1, 2006



Commission expires: