

**REGISTRATION OF PRINCIPAL
EMPLOYING A LOBBYIST**

For Use In 2005

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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	Dona	Dir. of Public Policy/Comm.
Last Name	First Name	Title
13100 W. Lisbon Rd., Suite 700		
Mailing Address		
Brookfield	WI	53005
City	State	Zip Code
Business Address (if different)		
262-703-4849		
Contact Phone		
262-781-5180	wininsky@lungwisconsin.org	
Contact FAX	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

Mission: To prevent lung disease and promote lung health.

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:

Any local legislation concerning clean indoor air (non-smoking) policies.

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: Smoke Free Workplace Law

- a. How will this item affect the principal's business or other activity?
Further our mission to protect non-smokers from secondhand smoke
- b. Which industry, trade, profession or segment or portion thereof would be principally affected?
Affects all business equally.
- 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: 13100 W. Lisbon Rd., Suite 700, Brookfield, WI 53005
Address City State Zip Code
Phone No.: 262-703-4849
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: Director of Public Policy and Communications
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
Dona Wininsky

Dir. of Public Policy - Communications -
Title
Team

September 6, 2005
Date

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 7 day of September, 2005.

Chris Wegman

Notary

Commission expires: 5-25-2008