Date: 1/17/06

CITY OF MADISON

Registration Statement	COMMON COUNCIL COMMITTEE
Please Print 00220	PLEASE PRINT CLEARLY
	Name LANCE M'GRATH Address 3849 CARIBOURD
Agenda No.	Address 3949 CARIBOU RD
	VERONA, WI 53593
Please check the appropriate boxes:	[기술 문문] ''의 살문 [시] 기술 [시] 일본 (원리 시] (원리 경영 [시] (원리 기술 [시] (원리 경영 [시] (원리 기술 [시] (원리 기술 [시] (원리 기술 [시] (원리 기술 [[사] (시] (원리 원리 기술 [시] (원리 기술 [시]
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
	☐ Yes ☐ No
Are you being paid for your representation?	불론 기본 경우 경우 모양을 받아 있고 한 경고 있다.
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not a question)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
	non Council) 5 minutes 3 minutes
	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
• •	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	$\mathbf{P}_{\mathbf{r}}$

			Date: 1/17/06	
	CITY OF MADIS	ON		
Registration Statement	COMMON CO	UNCIL		
Please Print	COMMITTEE			
06220	PLEASE PRIN			
	Name	John Li	chten held	: · ·
Agenda No.	Address	717 50	ohn Noten Dr	<u> </u>
		mad	IW, no	
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose	and	Do not wish		
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	complete the rest of t	ther than yourself: his form If you ans	Yes No wered "yes," provide the na	me
Name, address and telephone number of each	person or organization	on you are represent	ing:	
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madisan				
Are you being paid for your representation?			⊠Yes □ No	
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person complete the rest of t	or organization? this form If you ans	☐ Yes ☑ No wered "yes," go on to the n	ext
Speaking Limits: Public Hearing (Communication Hearing) Other Items	3 m			

	lected official or mental body?	employee who is appearing s	olely on behalf of your office or for your municipality or Yes No
, , ,		question, STOP. You need no " to the question, go on to the	t complete the rest of this form, except that you must sign next question.)
If you are be that:	ing paid for your	representation, or if your ap	pearance is part of other paid duties, please be advised
1.	Before you eng with the City C		, you or your principal must file an authorization
2.	Your principal City Clerk	is not permitted to authorize	you to lobby unless you are registered with the
3.	period (half ye		an \$1,000 for lobbying services in any reporting expense statements with the City Clerk for the
		's website <u>www.cityofmadiso</u> Building, Madison, for more i	on.com/clerk/index.html or go to the Clerk's Office at o
Date \	119106	Signature	XO POULLA
		Print Name	Tohn Lichenheid
			그릇) 프로바로로 발표되면 모르를 들은 전쟁 연필

Date: 1/17/06

CITY OF MADISON

Registration Statement	COMMON COU	<u>NCIL</u>
Please Print 06 220	COMMITTEE PLEASE PRINT	CLEARLY
	Name	PRUL CUTA
Agenda No	Address 1	N. PINCKHEY
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que	ization or a person othe complete the rest of thi	Wish to speak ☐ Do not wish to speak ☐ Available to answer questions er than yourself: ☐ Yes ☐ No as form If you answered "yes," provide the name
Name, address and telephone number of each	person or organization	you are representing:
McGRETH ASSOCIATES 103 N. Hamilton St. Madson		
Are you being paid for your representation?		∑ Yes □ No
question)		organization? Yes No No s form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Comn Information Hearing Other Items		utes

	elected official or er nmental body?	nployee who is appeari	ring solely on behalf of your office or for your municipality or Yes No
		uestion, STOP. You nee to the question, go on t	ed not complete the rest of this form, except that you must sign to the next question.)
If you are b that:	peing paid for your i	epresentation, or if yo	our appearance is part of other paid duties, please be advised
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2.	Your principal is City Cleak	s not permitted to auth	horize you to lobby unless you are registered with the
3.		r), the principal must	nore than \$1,000 for lobbying services in any reporting till file expense statements with the City Clerk for the
		s website <u>www.cityofm</u> alding, Madison, for m	nadison.com/clerk/index.html or go to the Clerk's Office at nore information.)
Date	117/06	Signature	Pal Nat:
		Print Name	Paul M. Cuta

	Date:
	CITY OF MADISON
Registration Statement -	COMMON COUNCIL COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Todd McGlath
Agenda No. # U	Address 805 S. DiWinson Madison, Wi 53703
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP ; you need not of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
	umon Council) 5 minutes 3 minutes

3 minutes

Other Items

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
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