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	CITY OF MADISON
Registration Statement	Common Council
	COMMITTEE
Please Print 0446Z	PLEASE PRINT CLEARLY
	Name Aitorner Michael Christoplan
Agenda No.	Address 2 E. Woffen 5+
	Name Attorner Michael Christopher Address 2 E. Woffen St Wadnon, W1 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
(If you answered "no," STOP; you need not of who you represent and go on to the next qu	nization or a person other than yourself: Yes No complete the rest of this form If you answered "yes," provide the name uestion.) person or organization you are representing:
	그의 가장 아니는 아름은 어린 아이에서 모르게 되어 되었다. 나는 아이에 아이에 모르고 모양하고 있다. 나는 사람
Jour Year Lee de Riley, C Hoz W. Ger	- col no
402 W. 600	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid of you answered "no," STOP ; you need not question)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

Are you an elected official or employee other governmental body?	who is appear	ring solely on behalf of your office or for your municipality or Yes No
(If you answered "yes" to the question, this form. If you answered "no" to the q	and the second of the second o	red not complete the rest of this form, except that you must sign to the next question)
If you are being paid for your representhat:	tation, or if yo	our appearance is part of other paid duties, please be advised
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Your principal is not pe City Clerk	rmitted to autl	horize you to lobby unless you are registered with the
period (half year), the 1	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?	
(Please go to the City Clerk's websit Room 103 of the City-County Building, I		nadison.com/clerk/index.html or go to the Clerk's Office at nore information.)
Date 1= (3 (* 6	Signature	muchol & churtonia
	Print Name	

Date: ___/6 - 3 - 6 ____

Registration Statement -	Common Council	
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Please Print 04462	PLEASE PRINT CLEARI	
	Name 50550	H TACHOVSKY
Agenda No.	Address 1223	SHERMAN
		nison
Please check the appropriate boxes:		
Support Support		sh to speak not wish to speak
Oppose Neither Support Nor Oppose	$\nabla \Delta v$	ailable to answer questions
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:		
	W. Gorhan MAN	
Are you being paid for your representation?		☐ Yes 🖾 No
Are you appearing as part of your other paid duties for this person or organization? Yes You on to the next of this form. If you answered "yes," go on to the next		
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	non Council) 5 minutes 3 minutes	

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
	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. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 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?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)
Date	D-7-6 Signature
	Print Name 1558H TACKOJE P

Date: 10 03 06

Registration Statement -	Common Council
Please Print	
04466	PLEASE PRINT CLEARLY
	Name //1/55a Destel
Agenda No.	Address 222 W. Washington Ave #312
	Madism WI 53703
Please check the appropriate boxes:	
Support Oppose	and ☐ Wish to speak ☐ Do not wish to speak
Neither Support Nor Oppos	e Available to answer questions
At this meeting are you representing an orga	unization or a person other than yourself: Yes \ \ No
(If you answered "no," STOP; you need no	t complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	ruestion)
Name, address and telephone number of eac	h person or organization you are representing:
Mrs Jaggean Lee	
402 W. Garham	Madism
#157-0400	
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 no 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
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	3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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)
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Date /	0-3-06 Signature MM
	Print Name Melissa Destvee

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Date:			$- \cup ($	\supset

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Please Print	04462	PLEASE PRINT CLEARLY
		Name Jong yean Lee
Agenda No.	6	Address 402 W Govham St
		madison WI 53703
Please check the app	propriate boxes:	
☑ Support		and Wish to speak
Oppose		☐ Do not wish to speak ☐ Available to answer questions
Neither S	upport Nor Oppos	e
(If you answered "n of who you represer	to," STOP; you need no nt and go on to the next q	anization or a person other than yourself: Yes No t complete the rest of this form If you answered "yes," provide the name question) th person or organization you are representing:
		아는 아들은 옷을 보고 하면 없는 것은 모든 하네는 밤 때문을 받았습니?
Are you being paid	for your representation?	The second of th
		I duties for this person or organization? Yes No No et complete the rest of this form If you answered "yes," go on to the next
Speaking Limits:		nmon Council) 5 minutes
		3 minutes 3 minutes
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The state of the s	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
	Print Name

Date: 007 03, 06

Registration Statement -	Common Council COMMITTEE	
Please Print 0446Z	PLEASE PRINT CLEARLY	
Agenda No. #16	Name CARY TIPLER THISDRIC PRESEDVATION CONSULTAGE MADISON	
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 organization or a person other than yourself: Yes No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)		
Name, address and telephone number of each person or organization you are representing:		
MRS. LEE, HOZ W. GO	PRHAM ST, MADISON	
Are you being paid for your representation?	✓ Yes □ No	
Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)		
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Date <u>Œ</u>	73,2006 Signature glyl Print Name GARY TIPLEN