Date: <u>5/1/07</u>

CITY OF MADISON

Registration Statement	Common Council
Please Print 05815 Agenda No. 7 Monroe Stage	PLEASE PRINT CLEARLY
- Knichenbor And	/ Name Ronald M. Inachtenberg
Agenda No. / Monroe Gogo	Address 2 Est Millen St#800
	Address 2 East Myslin St#800 Madrow WI53717
Please check the appropriate boxes:	
⊠ Support	and Wish to speak
Oppose	☐ Do not wish to speak X Available to answer questions
Neither Support Nor Oppose	
	nization or a person other than yourself: Complete the rest of this form If you answered "yes," provide the name uestion)
Name, address and telephone number of each	n person or organization you are representing:
James	Corcoron-Applitant
Are you being paid for your representation?	\ X\Yes □ No
Are you appearing as part of your other paid	duties for this person or organization? Yes No
	t complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com	
Information Hearing Other Items	3 minutes

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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 be that:	ing 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?
	o 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 _ 3	Signature ROVACO M. TONTETTE LIBERS

Date: 5/1/07

CITY OF MADISON

Registration Stater	nent - Common Council
Please Print 05815	PLEASE PRINT CLEARLY
	
	Name Dan Sebald
Agenda No	Address 1553 Alams St THS
	Madison, WI5371
Please check the appropriate boxes	
Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor	Oppose Available to allowed questions
(If you answered "no," STOP ; you of who you represent and go on to	ng an organization or a person other than yourself: Yes No we need not complete the rest of this form. If you answered "yes," provide the name the next question) ber of each person or organization you are representing:
Are you being paid for your repres	sentation?
Are you appearing as part of your (If you answered "no," STOP ; yo question)	other paid duties for this person or organization? Yes No u need not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hea	uring (Common Council)5 minutes
Informatio	n Hearing 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	vered "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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·	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: May 1, 2007

CITY OF MADISON

Registrati	on Statement -	Common	Council		
Please Print) 5815 1	PLEASE	PRINT CLEARLY DARYL K- 3106 GY	SHER	ZMAN
Agenda No. /		Address	3106 Gr	-gory	ST 53711
Please check the appr	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppos	e	and Wish to sp Do not wi Available		stions
(If you answered "no	ou representing an orga ," STOP; you need no and go on to the next o	t complete the re	son other than yourself: st of this form. If you an	☐ Yes iswered "yes,"	☐ No provide the name
Name, address and te	lephone number of eac	ch person or organ	nization you are represe	nting:	
Are you being paid fo	or your representation?			Yes	□ No
Are you appearing as (If you answered "no question.)	part of your other paid," STOP; you need no	l duties for this p ot complete the re	erson or organization? est of this form. If you a	Yes nswered "yes,"	☐ No " go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items				

	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)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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
	Print Name

			Date:	
		CITY OF MADISON		
Registrat	tion Statement -	Common Council		
		COMMITTEE		
Please Print (95815	PLEASE PRINT CLEARLY		
₩ -		Name Audrey +	fighton	
Agenda No		Address 609 Cha	pman S	+
		Name Audrey + Address 609 Cha Madin	ð ~ ,₩ <u>=</u>	
Please check the app	ropriate boxes:			
⊠ Support		and ⊠ Wish to	speak	
Oppose		Do not	wish to speak	
	upport Nor Oppos	e ∟ Availab	le to answer ques	tions
(If you answered "no of who you represen Name, address and to	o," STOP; you need no t and go on to the next of elephone number of eac	inization or a person other than yourse to complete the rest of this form. If you question) The person or organization you are represented to the person of the complete that the person of the perso	answered "yes,"	
7				
Are you being paid f	for your representation?		Yes	ŬNo.
Are you appearing a (If you answered "n question)	s part of your other paid o," STOP; you need no	I duties for this person or organization to complete the rest of this form. If you	? Yes answered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items			

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Date <u></u>	11/67 Signature Andrey CHylit
	11/07 Signature Andrey CHartson Print Name Andrey VHighton