	Date:
	CITY OF MADISON
Registration Statemen	nt - Common Council
Please Print 04510	PLEASE PRINT CLEARLY
Agenda No.	Name Attorney Michael Christopher Address 2 & Wooffly St
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Op	and Wish to speak Do not wish to speak Available to answer questions
	organization or a person other than yourself: Yes No d not complete the rest of this form If you answered "yes," provide the name ext question)
Name, address and telephone number of	f each person or organization you are representing:
	그는 사람들은 사람들은 바다 중에서도 작가 하는 그들만 내려면 하는데 하는데 그는 사람들이 가지 않는데 나를 되었다.
Jory Yas	s- har
Are you being paid for your representati	ion? Yes No
	paid duties for this person or organization? Yes No No d not complete the rest of this form If you answered "yes," go on to the next
	Common Council) 5 minutes ring 3 minutes

other governm	nental body? Yes No
	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
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?
	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 [0]	13/06 Signature Weekel e Charton
	Print Name

Date: 10.3.6

Registration Statement	
	N COMMITTEE 그 등을 보고 있는 것 같아 되었다. 그는 것은 사람들은 그 때문에 가는 모음을 받는 것이다. 그는 사람들은 물론을 가지 않는 것으로 가장 그리고 있는 것 같아 보고 있는 것 같아 보고 있는 것이다.
Please Print	PLEASE PRINT CLEARLY
12000年2月18日	Name JOSOPH JACHOUSK
Agenda No.	Address 1223 SHERMAN MAD 15 CM
	MADISON
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
☐ Neither Support Nor Oppose	
At this meeting are you representing an organ	nization 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 qu	lestion) . The factor of the
Name, address and telephone number of each	person or organization you are representing:
MRS LEE 402	W Golhen, MANISON
	가는 사람들이 되었다. 그런 사람들은 사람들이 되었다. 그런 사람들이 되었다. 그런 사람들이 되었다. 그런
Are you being paid for your representation?	☐ Yes You
Are you being paid for your representation?	면 사용되었다. 아니는 소개 하나 이 이렇게 보는 사람들은 전 <mark>반</mark> 기를 보고 있다.
Are you appearing as part of your other paid of (If 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
Speaking Limits: Public Hearing (Comr	non Council)5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

Are you an ele	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question)
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Date	Signature Signature
	Print Name DIGAT ACHORU

Date: 10.03.06

Registration Statement	Common Council
	NCOMMITTEE, 하시아 등로 등이 하는 수 있는 사람들이 다른 것이 되었다. 그 사람들이 되었다. - 사람들은 사람들은 사람들은 사람들은 사람들이 하는 사람들이 모르는 것이 되었다. 사람들이 하나 되었다.
Please Print (C)	
	PLEASE PRINT CLEARLY
	Name Welson Destel
Agenda No.	Address 272 W. Washington Aut #310
	Madism, WI 53703
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 answer questions
At this meeting are you representing an organ	ization 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 qu	restion), which is the control of th
Name, address and telephone number of each	person or organization you are representing:
Mrs Tonginean	
100	
402 W. Garra	m Maason
1257-0400	
A 1	
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid of	· · · · · · · · · · · · · · · · · · ·
(If you answered "no," STOP ; you need not a question)	complete the rest of this form. If you answered "yes," go on to the next
	non Council) 5 minutes 3 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 nental body?
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Date /C	0.3.6(, Signature / (COM)
	Print Name Mel, 550 Des Nee

Date:	0	-3	 06	

Registration Statement	Common Council COMMITTEE			
Please Print 045(0	PLEASE PRINT CLEARLY			
Agenda No. 24	Name Jong Yean Lee Address 402 W. Gorham St Madison WZ 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 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:				
Are you being paid for your representation?	☐ Yes ☐ No			
Are you appearing as part of your other paid of (If 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			
	mon Council) 5 minutes 3 minutes			

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental 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 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 00 3, 06

Registration Statement	Common Council COMMITTEE
Please Print 045 (6	PLEASE PRINT CLEARLY
Agenda No. #24	Name CARY TIPLER HISTORIC PRESERVATION CONSULTANT
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 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	n person or organization you are representing:
MRS. LEE, 402 W. GORH,	LM ST, MADISON
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 complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 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)
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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 Oct	73,2006 Signature & Lyd
	Print Name O GARY TIPLER