Date: 3/7/06

CITY OF MADISON

Registration Statement	COMMITTEE
Please Print 0 1363	PLEASE PRINT CLEARLY
Agenda No. 52	Name Michael Felker Address 1107 Woodbridge Trail Wannakee, W1 53597
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organic	and Wish to speak Do not wish to speak Available to answer questions ization or a person other than yourself: Yes No
(If you answered "no," STOP ; you need not of who you represent and go on to the next que Name, address and telephone number of each	estion)
Strand Associates	
Wingra BUILD A	dusony Committee
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 equestion.)	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	non Council) 5 minutes 3 minutes 3 minutes

REGISTRATION STATEMENT - PAGE 2

	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)	
Date3	17/06 Signature Michael Chelh- Print Name Mrchael CFellcer	
	Print Name Mrchael CFellcen	

Date: 3/7/06

CITY OF MADISON

Registration Statement -	COMMON COUNCIL
	COMMITTEE
Please Print 01363	PLEASE PRINT CLEARLY
Agenda No. 52	Name Robert Stoffs Address 914 Lawrence St. Madian 53715
	Address 914 Lawrence St.
Wingia Plan	1 Washan 50113
Please check the appropriate boxes:	로 함께 되었는 것 하다는 말이 하는 것은 것 같은 보고 있는 것을 하는 것이다.
Connect to	and Wish to speak
Support Oppose	Do not wish to speak
Neither Support Nor Oppose	e Available to answer questions
At this meeting are you representing an orga	nization or a person other than yourself: ☐ Yes ►\No
(If you answered "no," STOP; you need not	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	uestion)
Name, address and telephone number of each	h person or organization you are representing:
	맞는 맛이 하는 말을 하는 말을 하는 것이 없는 말로 되어 있다.
Are you being paid for your representation?	☐ Yes ☐ No
	duties for this person or organization? Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not	t complete the rest of this form. If you answered "yes," go on to the next
question)	
	umon Council)5 minutes
Information Hearing	3 minutes

REGISTRATION STATEMENT - PAGE 2

	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	
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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 the City-County Building, Madison, for more information)	
Date	Signature	
	Print Name	