Date: 4/19/11



AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement		Common C	ouncil		
F	rubli Hearing		PRINT CLEARLY		
Agenda No		Name	1700 2)	· Meve	
		Address _	Madrson,	Wa 53	707
Please check one:		AND	Please chec	ek:	
Support	•		Availal	ble to answe	er
Oppose		questions			
Neither S	Support Nor Opp	pose			
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:					
progr	ess Invest	ars, LC	, 		
Are you being paid for your representation?			☑ No		
	part of your other paid," STOP; you need not				☑ No on to the next
Speaking Limits:	Public Hearing (Communication Hearing	3			

REGISTRATION STATEMENT - PAGE 2

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes Vo				
	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?				
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)					
Date	4/19/11 Signature Print Name And 12 Sch 1eve				



AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement -	Common Council					
	COMMITTEE					
	PLEASE PRINT CLEARLY					
	Name Chris Muchlo					
Agenda No.	Address 2835 Hoard St					
[ά[6β5]	Madison, WI. 537					
Please check one:	AND Please check:					
Support	Available to answer					
Oppose	questions					
Neither Support Nor Oppose						
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:					
Progress Inv	estors uc.					
P.O. Box 108						
MadBon (a)	[53701					
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					

REGISTRATION STATEMENT - PAGE 2

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?				
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Date 4	19/11 Signature Ch				
	Print Name Grid Muchkon				