AGENDA ITEM NO. 1	BJECT/ADDRESS/TOPIC	NA Mutual Revisions	
YOUR NAME SILVE	DAT	E 1/13/2020	
YOUR ADDRESS 2708 Lake	land Ave		
Please check the appropriate boxes:			
\(\support\)	□ Oppose	☐ Neither Support Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak	
Available to answer questions	☐ Available to answer questions	☐ Available to answer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not come	n organization or a person other that complete the rest of this form. If you answe	an yourself: Yes \square No red "yes," go on to the next questions.)	
Name, address and telephone number of ea	ch person or organization you are repro	esenting: O R D I	
	CUNA MUTUAL -5	SS MILLER OF Rd.	
Are you being paid for your representation?		ĭYes □ No	
		A SAN PROPERTY OF THE RESIDENCE OF THE PARTY	
Are you appearing as part of your other paid d (If you answered "no" to both these questions. If you answered "yes," please continue.)	uties for this person or organization? , STOP. You need not complete the rest of	f this form.	
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOP that you must sign this form. If you answered "	ody? • You need not complete the rest of this for	☐ Yes ☐ No	
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:			
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 the principal is registered with the City Clerk.			
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year.			
(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date			

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC _ UNA Motival				
YOUR NAME Jon Robelia DATE 01/13/2020				
YOUR ADDRESS 264 De				
Please check the appropriate boxes:) '			
ĭ Support □	□ Oppose □	☐ Neither	Support I	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish	to speak	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do n	ot wish to	speak
Available to answer questions	☐ Available to answer questions	☐ Avai	lable to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	complete the rest of this form. If you answer	ed "yes," go	Yes on to the ne	□ No ext questions.)
Name, address and telephone number of ea	Group	senting:		
_ S810 Mineral Point Rd			608 6	065-5655
Are you being paid for your representation?			Yes Yes	□No
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)				
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)				
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Date 01/13/2020 Signature Jan Shan ORSel-, ATA				

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AGENDA ITEM NO. // SU	BJECT/ADDRESS/TOPIC _	CUNA MITHAL	GROUP - REVISION	
YOUR NAME CEDRIC ELUS DATE				
YOUR ADDRESS 49 PONWOOD CIR. MADISON, WI 53717				
Please check the appropriate boxes:				
⊠ Support	□ Oppose	☐ Neither Sup	port Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lim	(it) Wish to s	speak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not w	vish to speak	
Available to answer questions	☐ Available to answer ques	tions	e to answer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of	complete the rest of this form. If you	ı answered "yes," go on t	Yes No No o the next questions.)	
Name, address and telephone number of ea			Disable 11/1	
608.665.6650	110 MINCOCTO POI	N N N N N N N N N N N N N N N N N N N	DISON, WI	
Are you being paid for your representation?		A	Yes No	
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization s, STOP. You need not complete the	n? e rest of this form.	Yes	
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOF that you must sign this form. If you answered	ody? • You need not complete the rest of	this form except	Yes No	
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AGENDA ITEM NO SU	JBJEÇT/ADDRESS/TOPIC LINE	S MUTUAL GROW
YOUR NAME BU FED	DATI	
YOUR ADDRESS 60 Guma	pe St. MADISON W	58711
Please check the appropriate boxes:		
Support	□ Oppose	☐ Neither Support Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)
Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak
Available to answer questions	☐ Available to answer questions	☐ Available to answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not come	complete the rest of this form. If you answer	ered "yes," go on to the next questions.)
Name, address and telephone number of ea	ach person or organization you are repre	esenting:
608.605.1882	DIO MANDE II. H.	כטונכ וא אפוטאאון
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid d (If you answered "no" to both these questions, If you answered "yes," please continue.)	luties for this person or organization? s, STOP. You need not complete the rest of	Yes No No fthis form.
Are you an elected official or employee who is for your municipality or other governmental be (If you answered "yes" to the question, STOP. that you must sign this form. If you answered "	oody? P. You need not complete the rest of this for	Yes No
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3. If your principal spends or will owe more	than \$1,000 for lobbying services in any reth the City Clerk for the remaining quarters	enorting period (colonder six months) 41
(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 01. 13.2020 Si	Signature FM FL	

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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC (INA MUTUAL				
YOUR NAME GEOFFREY ELANDER DATE 01/13/2020				
YOUR ADDRESS 2317 WILLARD AVR				
Please check the appropriate boxes:				
Support	□ Oppose	□ Neither S	Support 1	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	□ Wish	to speak	(3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do no	ot wish to	speak
Available to answer questions	☐ Available to answer questions	☐ Avail	able to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person other the	an yourself:	Yes	No No
Name, address and telephone number of ea	ch person or organization you are repro	esenting:		
Are you being paid for your representation?				
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? STOP. You need not complete the rest of	f this form.	Yes	□ No
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? (If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)				
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Date 1/13/70 Signature 1992				

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AGENDA ITEM NO. SU	JBJECT/ADDRESS/TOPIC		
YOUR NAME MARGO	DUFFY DATE	01/13/	20.
YOUR ADDRESS 339	2 WILLARD AVE. I	nadison,	wi53704
Please check the appropriate boxes:			
Support	□ Oppose □	Neither Suppor	t Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spea	k (3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish	to speak
Available to answer questions	☐ Available to answer questions	☐ Available to	answer questions
At this meeting are you representing (If you answered "no," STOP; you need not			☐ No next questions.)
Name, address and telephone number of e	ach person or organization you are repres	senting:	
		. /	
Are you being paid for your representation?		Yes	, No
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organization? as, STOP . You need not complete the rest of the state	this form.	□ No
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO that you must sign this form. If you answered	body? P. You need not complete the rest of this forn	☐ Yes m except	DNo.
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Date 0 / 13/2020 Signature / Wy Duffy.			

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AGENDA ITEM NO. // SUBJECT/ADDRESS/TOPIC CUNA MUTUAL POULSINGS				
YOURNAME Fric Romano DATE Jan 13,2020				
YOUR ADDRESS 3354 Cramer MILLAUKEE WI				
Please check the appropriate boxes:				
∑ Support ☐ Oppose ☐ Neither Support Nor Oppose				
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)				
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do not wish to speak				
Available to answer questions Available to answer questions Available to answer questions				
At this meeting are you representing an organization or a person other than yourself: Yes \(\sigma\) No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to the next questions.)				
Name, address and telephone number of each person or organization you are representing:				
608-665-5651 5910 MINERAL POINT RD Medison WI				
Are you being paid for your representation?				
Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)				
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Date 1/13/7 - Signature				

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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC CON A MUTAN	PEUISICYU			
YOUR NAME KEVIN GROEN DATE 1/13	2020			
YOUR ADDRESS 1505 PINE RIBGE DR. CONDINOWOR WI				
Please check the appropriate boxes:				
☑ Support ☐ Oppose ☐ Neither	Support Nor Oppose			
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit) ☐ Wish	h to speak (3 min. limit)			
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do n	not wish to speak			
Available to answer questions Available to answer questions Ava	ilable to answer questions			
At this meeting are you representing an organization or a person other than yourself (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go	Yes No			
Name, address and telephone number of each person or organization you are representing:				
5900 WMINDER ROWT ROAD, MASSON WI 53-705	606-665-5655			
Are you being paid for your representation?	Yes • No			
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," please continue.)	Yes No			
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AGENDA ITEM NO. // SUBJECT/ADDRESS/TOPIC CUNA MUTUAL GROUP - REVISION			
YOUR NAME _ JOHN RODELL DATE_ JANUARY 13, 2020			
YOUR ADDRESS W347 NG133	ROAD I OCONOMONO	L W1 53066	
Please check the appropriate boxes:			
Support	□ Oppose □	Neither Support Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak	
Available to answer questions	☐ Available to answer questions	☐ Available to answer questions	
At this meeting are you representing an (If you answered "no," STOP; you need not c			
Name, address and telephone number of ea			
606-668-5655	5910 MINERAL POINT PORT) 19401562 0015	
Are you being paid for your representation?		¥Yes □ No	
Are you appearing as part of your other paid d (If you answered "no" to both these questions, If you answered "yes," please continue.)	uties for this person or organization? STOP. You need not complete the rest of the	Yes No	
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