	<u> </u>		
AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC / ()	- 5 1 5	
YOUR NAME Helek	Zinberg DATE	1272020	
YOUR ADDRESS 709	Orton Cou	- <del>-</del>	
Please check the appropriate boxes:			
Support	□ Oppose □	<b>Neither Support Nor Oppose</b>	
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 of	n organization or a person other than complete the rest of this form. If you answere	yourself: Yes No	
Name, address and telephone number of ea	ich person or organization you are represe	nting:	
- Orage O	brt neighbors		
	THE RESERVE OF THE RESERVE		
Are you being paid for your representation?		☐ 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 rest of the	is form.	
Are you an elected official or employee who is for your municipality or other governmental be (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	excent Yes No	
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Date (27/2028) S	ignature		

### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION (Public Hearings normally begin at 6:00 p.m. or shortly thereafter)

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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC To	urist Roc	mna	
YOUR NAME FUNICE	Scott DAT	E /21/2	020	
YOUR ADDRESS 6514 A	Mendota Ave	Middletox	1 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 an	nswer questions	
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Name, address and telephone number of ea	ach person or organization you are repr	resenting:		
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? s, STOP. You need not complete the rest of	☐ Yes of this form.	No	
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AGENDA ITEM NO. # 6 SUBJECT/ADDRESS/TOPIC SUNTING PENTALS				
YOUR NAME PETER DALY DATE 1/27/20				
YOUR ADDRESS 112 LINCOLN ST. MADISON 537/1				
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: \(\subseteq\) Yes \(\subseteq\) 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:				
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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.)				
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AGENDA ITEM NO. 6 SUBJECT/ADDRESS/TOPIC AR BNB				
YOUR NAME JOE MANTINO DATE 1/27/20				
YOUR ADDRESS JE N. HANCOCK ST MAD (SON				
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				
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Are you being paid for your representation?				
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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC	rono		
YOUR NAME Maureen marther ger DATE 1-27-20				
YOUR ADDRESS 4502 D	iamond Dr. M	adisan		
Please check the appropriate boxes:				
□ Support	□ Oppose	☐ Neither Su	ipport N	or Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to	o 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	☐ Availal	ble to ans	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of				xt questions.)
Name, address and telephone number of ea	nch person or organization you are repr	esenting:		
Acres and the second second second				
Are you being paid for your representation?			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 rest of	f this form.	☐ Yes	M No
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Date 127/20 Signature paure ngeller ger				
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(#6)			
AGENDA ITEM NO. 50895 SUBJECT/ADDRESS/TOPIC TRIFF TOPIC PRO-AIRS	M		
YOUR NAME Amy Froelich DATE 1/27/2020			
YOUR ADDRESS SSS GLEN DRIVE MADISON, WI 5371			
Please check the appropriate boxes:			
□ Support □ 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			
At this meeting are you representing an organization or a person other than yourself: \(\sigma\) Yes			
(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:			
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AGENDA ITEM NOOSUBJECT/ADDRESS/TOPIC			
YOUR NAME John Lynch DATE	1-27-26		
YOUR ADDRESS 1229 Carpeter St			
Please check the appropriate boxes:			
□ Support □	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		
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC AN BOX DOWN ON I				
YOUR NAME Amonda Mott DATE 1127/20				
YOUR ADDRESS 718 W. Brittykam Pl Madison				
Please check the appropriate boxes:				
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				
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AGENDA ITEM NO SI	UBJECT/ADDRESS/TOPIC	00 15t	Looming 1005	
YOUR NAME Veter	Tagla DAT	E 1/27/	2020	
YOUR ADDRESS 718 W	legt Britheyha	Pare		
Please check the appropriate boxes:				
□ Support	Oppose	☐ Neither Sup	port Nor Oppose	
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to s	speak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not w	rish to speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available	e to answer questions	
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Name, address and telephone number of	each person or organization you are repr	esenting:		
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? ns, STOP. You need not complete the rest of		Yes	
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AGENDA ITEM NO. 388 15 SUI	BJECT/ADDRESS/TOPIC <u> </u>	amend ment		
YOUR NAME Rody Mo	DATE_	1/27/20		
YOUR ADDRESS 711 OR	TON CT MADISON	V wit 53	703	
Please check the appropriate boxes:				
□ Support	<b>Ž</b> Oppose □ 1	Neither Support No	r Oppose	
☐ Wish to speak (3 min. limit)	X 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 sp	eak	
☐ Available to answer questions	Available to answer questions	☐ Available to answ	ver questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person other than y complete the rest of this form. If you answered		☑No questions.)	
Name, address and telephone number of ea	ch person or organization you are represen	ting:		
Are you being paid for your representation?				
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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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 <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 1/27/20 Signature // Ne				

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AGENDA ITEM NO SUBJECT/ADDRESS/TOPIC				
YOUR NAME Johna Bucholtz DATE /				
YOUR ADDRESS 3314 Oli	ncy Ave., Madison, WI	5370	,4	
Please check the appropriate boxes:				
☐ 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 on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answere	ed "yes," go		No ext questions.)
Are you being paid for your representation?				
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Date 5	Signature			

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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC	Airbnb	
YOUR NAME Marws	Hawkins DA	ATE 1/27/20	)
YOUR ADDRESS 805 E	Mifflin St.		
Please check the appropriate boxes:			
☐ 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 not wish to	speak
☐ Available to answer questions	☐ Available to answer question	ons	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 ar	nswered "yes," go on to the ne	No ext questions.)
Name, address and telephone number of ea	ach person or organization you are re	epresenting:	
Are you being paid for your representation?		☐ 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 re	Yes st of this form.	Ø\No
Are you an elected official or employee who is for your municipality or other governmental to (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 thi.	Yes s form except	ĭ No
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YOUR NAME SANAWTHA CROWNOUT DATE 1/27/19
WOVE INDIVIGE 120 (E) MAY THE
YOUR ADDRESS 2702 KENDAL AVE.
Please check the appropriate boxes:
□ Support □ 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: \(\sigma\) Yes \(\lambda\) 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:
Are you being paid for your representation?
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.)
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Date Signature

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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC	ZH	
YOUR NAME Bruce Co	TWHOVEY DATE	1/27	120
YOUR ADDRESS 2762	cende Ae.	l	
Please check the appropriate boxes:			
□ Support	Oppose	Neither Sup	port 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 w	vish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available	e to answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not			
Name, address and telephone number of ea	ach person or organization you are repres	enting:	
			у Пу
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.)			Yes No
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STO that you must sign this form. If you answered	oody? <b>P.</b> You need not complete the rest of this form	a except	Yes  No
If you are being paid for your representation,	or if your appearance is part of other paid du	ities, please be ac	dvised that:
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3. If your principal spends or will owe more principal must file expense statements with the principal must file expense statements and the principal must file expense statements are considered in the principal must file expense statements and the principal must file expense statement	e than \$1,000 for lobbying services in any repith the City Clerk for the remaining quarters	porting period (coof the calendar y	alendar six months), the rear.
(Please go to the City Clerk's website www.c. County Building, Madison, for more information	ityofmadison.com/clerk/index.html or go to	he Clerk's Office	e at Room 103 of the City-
Date	Signature		

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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC	irbub		
YOUR NAME Andrew Lea	eler Yonda DAT	E 1/27	1/20	
YOUR ADDRESS 943 E	Day ton, Mydoson			
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 complete the rest of this form. If you answ	an yourself: ered "yes," go	Yes on to the ne	No ext questions.)
Name, address and telephone number of ea				
Are you being paid for your representation?			☐ Yes	No
	1.4' 6 41'			
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	nuties for this person or organization?  If, STOP. You need not complete the rest of	of this form.	☐ Yes	No
Are you an elected official or employee who i for your municipality or other governmental b (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 fo	orm excent	☐ Yes	No
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3. If your principal spends or will owe more principal must file expense statements with	than \$1,000 for lobbying services in any the the City Clerk for the remaining quarter.	reporting period rs of the calenda	d (calendar ar year.	six months), the
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Date S	ignature ABC			

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AGENDA ITEM NOSU	BJECT/ADDRESS/TOPIC		
YOUR NAME Ben B	rubaker DATE	Jan ?	27 2020
YOUR ADDRESS	est circle		
Please check the appropriate boxes:			
☐ Support	☑ Oppose □	Neither Suppo	ort Nor Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to spe	eak (3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish	h to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to	o answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answere	ed "yes," go on to ti	es
Are you being paid for your representation?		☐ Ye	es 🗆 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 rest of t	his form.	es 🗗 No
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? <b>?.</b> You need not complete the rest of this forn	☐ Ye n except	es No
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	ze you to lobby unless the principal is regist		
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Date Jan 27 2020 5	Signature h		

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	Α.	12 12	
AGENDA ITEM NO.	UBJECT/ADDRESS/TOPIC	VBND	
YOUR NAME + CATHON	SAMMON DATE	1/27/200	20 1
YOUR ADDRESS 5505	Portage Kd Mad	750h WIS	3704
Please check the appropriate boxes:			
☐ Support	Oppose	Neither Support N	or Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak (:	B min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to s	peak
☐ Available to answer questions	Available to answer questions	☐ Available to ans	wer questions
At this meeting are you representing (If you answered "no," STOP; you need no	an organization or a person other than templete the rest of this form. If you answere	yourself:  Yes  ed "yes," go on to the nex	No t questions.)
	each person or organization you are represe		
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.)	I duties for this person or organization?  ns, STOP. You need not complete the rest of the	☐ Yes his form.	□ No
for your municipality or other governmental (If you answered "yes" to the question, STO	o is appearing solely on behalf of your office of body?  OP. You need not complete the rest of this form d'ino" to the question, go on to the next questi	☐ Yes	□ No
If you are being paid for your representation	, or if your appearance is part of other paid du	ties, please be advised that	at:
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Tourist RoomingH Airbnb

AGENDA ITEM NO. SU.	BJECT/ADDRESS/TOPIC		
YOUR NAME Shirhe	y Dhouin DATE	1/27/203	20
YOUR ADDRESS 5137	Wintergreen	DV 537	104
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 a	nswer questions
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answe	ered "yes," go on to the n	No ext questions.)
Are you being paid for your representation?		☐ 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.)	luties for this person or organization? c, STOP. You need not complete the rest of	Yes this form.	□ No
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	ody? • You need not complete the rest of this for	☐ Yes	□ No
If you are being paid for your representation, or	or if your appearance is part of other paid of	luties, please be advised	that:
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	ze you to lobby unless the principal is regis		
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# PLAN COMMISSION REGISTRATION FORM (TOUTIST YOUTHINGSES)

AGENDA ITEM NO. 6 SUBJECT/ADDRESS/TOPIC
YOUR NAME Rebecca Koscik DATE 1/27/2020
YOUR ADDRESS 1920 Vilas Ave
Please check the appropriate boxes:
Support Oppose Maybe
Support Oppose Maybe
☐ 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: \(\sigma\) 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:
Calva
Are you being paid for your representation?
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.)
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC Arbub				
YOUR NAME Henry Sa	poznok DATI	E  -	27-8	10
	endell Are.			
Please check the appropriate boxes:				
□ Support	<b>P</b> Oppose	☐ Neither S	upport N	or Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish t	o speak (	3 min. limit)
☐ Do not wish to speak	Do not wish to speak	☐ Do not	t wish to s	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	ble to ans	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of				□ No ct questions.)
Name, address and telephone number of ea	ch person or organization you are repre	esenting:		
Are you being paid for your representation?			☐ 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 rest of		☐ Yes	□ No
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOR that you must sign this form. If you answered	oody? P. You need not complete the rest of this for	rm except	☐ Yes	□ No
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AGENDA ITEM NO 58895 SUBJECT/ADDRESS/TOPIC Amendum
YOUR NAME Kenkoeppler DATE 1/27/20
YOUR ADDRESS 2727 Atwood Ave
Please check the appropriate boxes:
☐ Support ☐ 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: \(\sigma\) 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:
Are you being paid for your representation?
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.)
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Date 1/27 Signature KKkyp 1/

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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC TRH		
YOUR NAME Brian Tren	Main Date	1127120	
YOUR ADDRESS TO DO	ne county		
Please check the appropriate boxes:	J		
☐ Support	□ Oppose □	Neither Support	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speal	(3 min. limit)
☐ Do not wish to speak	🗷 Do not wish to speak	☐ Do not wish t	o speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to a	answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person other than complete the rest of this form. If you answere	yourself: \(\sigma\) Yes d "yes," go on to the	□ No next questions.)
Name, address and telephone number of ea	ch person or organization you are represe	enting:	
Are you being paid for your representation?		☐ Yes	<b>₹</b> 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.)	luties for this person or organization?  STOP. You need not complete the rest of the	Yes nis form.	№ No
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	ody? • You need not complete the rest of this form	☐ Yes	No No
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1. Before you engage in lobbying as a lobby	ist, you or your principal must file an author	ization with the City (	Clerk.
	ze you to lobby unless the principal is registe		
3. If your principal spends or will owe more principal must file expense statements with	than \$1,000 for lobbying services in any rep th the City Clerk for the remaining quarters of	orting period (calendar) of the calendar year.	ar six months), the
(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informati	tyofmadison.com/clenk/index.html or go to th	e Clerk's Office at Ro	oom 103 of the City-
Date 1   27   20 S	ignature		

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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC _	TRAN H	10001.	ic.
YOUR NAME STEVE				
YOUR ADDRESS 622(	WALDEN WAT	MAPIS	a	53719
Please check the appropriate boxes:				
☐ Support	□ Oppose	□ Neither	Support I	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit	(t) 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 quest	ions 🗖 Avai	lable to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not a Name, address and telephone number of each	complete the rest of this form. If you	answered "yes," go		ĭNo ext questions.)
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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 s, <b>STOP</b> . You need not complete the	n? rest of this form.	☐ Yes	⊠No
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AGENDA ITEM NO(QSUBJECT/ADDRESS/TOPICAIRBAR
YOUR NAME ERIN NETSES DATE 1.27.70
YOUR ADDRESS 9122 STOUGLA TRL, MADISON, WI 53713
Please check the appropriate boxes:
□ Support □ 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
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AGENDA ITEM NO. Q SU	BJECT/ADDRESS/TOPIC	Air BnB 1	yles	TRH		
YOUR NAME Andrew S	Hendahl	DATE 1/2	1/2020			
YOUR ADDRESS 30 CV	aig Ave					
Please check the appropriate boxes:						
☐ Support	Oppose	□ Neither	Support 1	Nor Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lim	vit)	☐ Wish to speak (3 min. limit)			
☐ Do not wish to speak	Do not wish to speak	□ Do n	☐ Do not wish to speak			
☐ Available to answer questions	☐ Available to answer ques	tions	☐ Available to answer questions			
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AGENDA ITEM NO. SU	BJECT/ADDRESS/TOPIC	11211				
	1010	1121	~ n97			
	TENDAN DAT	E 1/21/	Co Lo			
YOUR ADDRESS						
Please check the appropriate boxes:						
☐ Support	☑ Oppose	☐ Neither Su	pport 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				
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