AGENDA ITEM NO. L O SU	BJECT/ADDRESS/TOPIC 204	W. WESTLOTE	IN AUE
YOUR NAME BU MONTEURAND, MICHITEUT. DATE 4-8-2013			
YOUR ADDRESS 8 E. HUD	GON ST. MAZOMANIE.	Uİ	·
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 ☐ Available to answer questions		
At this meeting are you representing an organization or a person other than yourself: \(\simega\) Yes \(\simega'\) 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?		☐ 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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1. Before you engage in lobbying as a lobby	yist, you or your principal must file an author	ization with the City C	lerk.
	ize you to lobby unless the principal is registe	<u>-</u>	
3. If your principal spends or will owe more principal must file expense statements wi	e than \$1,000 for lobbying services in any rep ith the City Clerk for the remaining quarters o	orting period (calenda of the calendar year.	r six months), the
(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	Signature		•

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 26 SU	BJECT/ADDRESS/TOPIC / 0 -	12 N HENRY ST	• • •
YOUR NAME KOSEMARY	LEE DATE	4-8-13	
YOUR ADDRESS # Wilso	LST 4108 MADISON.	53703	
Please check the appropriate boxes:			
Support	□ Oppose □	Neither Support Nor Oppo	se
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lin	uit)
☐ 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 ques	stions
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 answered	d "yes," go on to the next question:	- s.)
rame, address and telephone number of ea	ich person or organization you are represe	nting:	
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	ze you to lobby unless the principal is register		
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DateS	Signature		•

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AGENDA ITEM NO. 26 SUBJECT/ADDRESS/TOPIC 10-12 N. Henry	Street/304 w. Washing
YOUR NAME Ald. Mike Verrees DATE 4/8/	13 The
YOUR ADDRESS 614 W. Ooty Street, #407	
Please check the appropriate boxes:	
□ Support □ Oppose □ Neither State	apport Nor 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	wish to speak
☐ Available to answer questions ☐ Available to answer questions ☐ Availa	ble to answer questions
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3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period principal must file expense statements with the City Clerk for the remaining quarters of the calendar	(calendar six months), the
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AGENDA ITEM NO. 26 SU	BJECT/ADDRESS/TOPICF, F, R, F	PROPOSED DI	MOLITION
YOUR NAME RICHARD RATHMANN DATE APR 8, 2013			
YOUR ADDRESS 333 WEST T	AYTON ST., APT, 704, MA	DISON, WI 5370	13
Please check the appropriate boxes:	,		-
□ Support	Oppose	ose	
☐ 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 ans	swer questions
At this meeting are you representing an organization or a person other than yourself: Yes WNo (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?		☐ 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? s, STOP. You need not complete the rest of	This form.	□ No
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
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AGENDA ITEM NO. 26 SU	BJECT/ADDRESS/TOPIC	demolibor	7	
YOUR NAME Annié Laur	né Gaylor D	ATE 4- 8	- (3	
YOUR ADDRESS Pο βοχ	.)	WI 5370)	
Please check the appropriate boxes:				
Support	☐ Oppose	□ Neither S	Support N	or 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 s	peak
Available to answer questions	☐ Available to answer question	ons 🗖 Avail	able to ans	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not on	complete the rest of this form. If you a	answered "yes," go		☐ No t questions.)
Name, address and telephone number of ea	nch person or organization you are i	representing:		
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	est of this form.	☐ Yes	□ 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? P. You need not complete the rest of th	is form except	☐ Yes	□ No
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3. If your principal spends or will owe more principal must file expense statements wi	than \$1,000 for lobbying services in th the City Clerk for the remaining qu	any reporting perio	d (calendar s ar year.	ix months), the
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11 12 12	Signature <u>Au</u>	une &	agler	

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A CITATION A VIII CANO		10/11		
AGENDA ITEM NO. SI	JBJECT/ADDRESS/TOPIC /	O/12 Hory		
YOUR NAME	+ FISLER DAT	E/ 48-130		
YOUR ADDRESS O7 1	V. HANCOCK ST.			
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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		2		
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AGENDA ITEM NO. 3 6 SU	BJĘCT/ADDRESS/TOPIC		
YOUR NAME Law Sa	v Ker DAT	E 4-8-13	
YOUR ADDRESS 304 (1. Washington		
Please check the appropriate boxes:	7		
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 ar	swer 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:			
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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.	□ No
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principal must file expense statements wi			
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AGENDA ITEM NO. 26 SUBJECT/ADDRESS/TOPIC 304 Cd. Washing for Expansi
YOUR NAME Andrew Spidel DATE 4/8/13
YOUR ADDRESS 304 W. Washington
Please check the appropriate boxes:
Support
☐ 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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