Date: 6/25/13

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Wotor Vehicle Commission

		PLEASE PRINT	IT CLEARLY	
Agenda No.	. 2	Name J	W Surset (+	
			•	
Please check the appr	opriate boxes:			
Support Oppose Neither Su	pport Nor Oppose	and	Wish to speakDo not wish to speakAvailable to answer questions	
Speaking Limits:	Public HearingInformation HearingOther Items	3 min	nutes	
(If you answered "no,	ou representing an organization " STOP; you need not comple t below, and go on to the next	te the rest of this	ner than yourself:	e name
COMMENTS RELA	TED TO THE ITEM ON TH	HE AGENDA (d	(optional):	
			•	-
		,,		
Name, address and tele	ephone number of each person Area Joint Ne	or organization	d Man Steering (canilly	<u>P</u>
		- 14.		
Are you being paid for	your representation?		☐ Yes ☐ No	
	art of your other paid duties for STOP; you need not complete		organization?	e next

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No		
	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:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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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?		
	o 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		

Date: 4/25/13

Registration Statement - Pedestrian/Bicycle/Wotor Vehicle Commission

		PLEASE PRINT	CLEARLY		
Agenda No. 112 3	0317	Name Address	nthony La McKin Ladison W	althrop aley St	
		_W	ladison h	11 537	-05
Please check the appro	opriate boxes:				
Support Oppose Neither Sup	pport Nor Oppose	and	⊠. Wish to speaDo not wishX Available to	to speak	stions
Speaking Limits:	Public Hearing Information Hearing Other Items	3 minı	utes		
(If you answered "no, '	1 representing an organization "STOP; you need not comple below, and go on to the next	te the rest of this	r than yourself: form. If you answ	X Yes vered "yes,"	☐ No provide the name
	TED TO THE ITEM ON TH				
As indicated in	the Wayt Park Pla	Av Rocky	Bluff Neig	hbopho:	od K)SSVI (RRW)
supports sale	redustrian transit	out wishes	to explore ".	pedestria	en yelloways"
especially on	Ridge Street instead	dof trad	Homa C Side	macks	. RBNA
Cos Harragin	with the Plan's new bube and environment	varies P. Lou	to product	y moute	WY Tyees
M biville an	ed militing Movac	ter of tru	c-land Rido	pe Street	is important
	phone number of each person				
Rocky Bluf	F Neighborhood	l Assn	Vice Presi	dent	
	na@gmail.com	,			
				· · · · · · · · · · · · · · · · · · ·	
Are you being paid for yo	our representation?			Yes Yes	⊠ No
Are you appearing as par If you answered "no," S uestion.)	t of your other paid duties for STOP; you need not complete	this person or or the the rest of this f	rganization? form. If you answe	☐ Yes red "yes," g	🔯 No o on to the next

Are you an other goven	elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or Yes No	
(If you answ this form. If	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 b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised	
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(Please go Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date	61	25 /	13	
Date;	<u> </u>		1-2	

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

		PLEASE PRIN	Γ CLEARLY		
Agenda No. F. 2	- •	Name	Inlianne McK Aadison	Dwyer Inley Si WI 53	+. 705
Please check the appro	opriate boxes:		· · · · · · · · · · · · · · · · · · ·		
Support Oppose Neither Sup	pport Nor Oppose	and	✓ Wish to sp✓ Do not wis✓ Available t		stions
Speaking Limits:	Public Hearing	3 min	utes		
(If you answered "no,"	n representing an organization of the senting and sent complete the sent and go on to the next	lete the rest of this	er than yourself: s form. If you ans	☐ Yes wered "yes,"	⊠No provide the name
	TED TO THE ITEM ON I			<u> </u>	
Specific con	cerns regardany a	potential bi	he boulever	d a Blu	eff St. M
Had blongt Perl	cerns regarding a .	Streeting Com	mitte duen	SSEED SUMP	out for
Sorte bike travi	sit but problems un	the Bluff St	bile blud	related t	γ
safety, visitory	ty and motor veh	t- 1	in fort of	be neglet	postrocol .
newary men	robuses on the stree	" our por	Lang for Ter	Cluteaux	<u>cajortments</u>
Name, address and telep	phone number of each persor	n or organization y	you are representi	ng:	
Are you being paid for y	our representation?			Yes	☐ No
are you appearing as par If you answered "no," S uestion.)	ct of your other paid duties for STOP; you need not complete	or this person or o te the rest of this j	rganization? form. If you answ	☐ Yes vered "yes," g	☐ No go on to the next

Are you an e other goverm	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answe this form. If y	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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(Please go to Room 103 of	o 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

Date: 6/25/2013

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Wotor Vehicle Commission

	PLEASE PRINT, CLEARLY
r 2 2 2 7 3 17	Name GERALD (AMPBELL
Agenda No. F.Z 30337	Address AMELOT DR.
	MADISON, WI 53705
Please check the appropriate boxes:	
Support	and Wish to speak
U Oppose	Do not wish to speakAvailable to answer questions
Neither Support Nor Oppose	
Speaking Limits: Public Hearing	3 minutes
Other Items	
At this meeting are you representing an organizatio (If you answered "no," STOP; you need not complete of whom you represent below, and go on to the next	lete the rest of this form. If you answered "yes," provide the name
COMMENTS RELATED TO THE ITEM ON T	THE ACTION A (antional).
ASAMEMBER OF MT. DLIVE	
I AM CONCERNED THAT THE	
PROVIDE ENOUGH CREA	TIVE POSSIBILITIES FOR OUR
DODOKA-11 AT ADIBIN	ANKAN POLOTES
Thopación is ación	THE POHY E KD,
Name, address and telephone number of each persor	ı or organization you are representing:
Are you being paid for your representation?	☐ Yes XNo
Are you appearing as part of your other paid duties for you answered "no," STOP; you need not complete uestion.)	• •

Are you an el	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
(If you answer this form. If yo	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)			
If you are bei	ing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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3.	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 Room 103 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)			
Date 6/6	15/2013 Signature Hewsled Coffley			
Date	Print Name GERALD R, CAMPBELL			

Date:	6/26	12013	·

Registration Statement - Pedestrian/Bicycle/Wotor Vehicle Commission

	PLEASE I	PRINT CLEARLY	
	Name	MICHAEL MA	RTIN
Agenda No. FZ	Address	Steven	IS STREET
		MADISON, WI	53705
Please check the appropriate boxes:		,	
Support (with exception of Oppose Neither Support Nor Oppose	noted)	and D. Wish to sp Do not wis Available	
Speaking Limits: Public Hearing		3 minutes	
At this meeting are you representing an organi (If you answered "no," STOP; you need not co of whom you represent below, and go on to the	complete the rest		
COMMENTS RELATED TO THE ITEM O			
Although I am in general support of on Ridge Street. I have lived at for over 22 years. I chose my	t the inter	section of Rid	ge and Stevens Street
canopy and the feel of the sta	eet as ic.	1 do not fe	e) that this street
requires a 6-FOOT-WIDE S	sidewalk o	n each side.	This would be an
enginæring nightmare for man	y of the y	lards (Includi	ng mine) on this street
Name, address and telephone number of each p	erson or organiz	ation you are represen	ting: (oVer) —
am a member of Rocky Blot	SF Netahbor	hood Assn,	
but I represent myself today	· .		
, , , , , , , , , , , , , , , , , , , ,			
Are you being paid for your representation?			☐ Yes No
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not coquestion.)	ties for this perso implete the rest o	on or organization? f this form. If you ans	Yes No wered "yes," go on to the next

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or Yes No 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 question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised Before you engage in lobbying as a lobbyist, you or your principal must file an authorization 1. with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered with the 2. City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting 3. 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 www.cityofinadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Signature Date June 25, 2013 Print Name MICHAEL MARTIN (continued) -I also do not feel the residents of this area had due representation in this Plan. That's why I have been attending these meetings. I plead with you to walk the street and get a feel for the terrain and the character of the neighborhood. Thank you -

	1	-25-72	
Date:	Ψ'		

Registration Statement - Pedestrian/Bicycle/Wotor Vehicle Commission

		PLEASE !	PRINT CLEARLY	•)
	- 1-	Name	<u>poreli</u>	1/	1V
Agenda No.		Address	MA115	on v)	
Please check the approp	priate boxes:			5.	3705
Support Oppose Neither Sup	port Nor Oppose	:	∏, Do n	to speak ot wish to speak lable to answer	: questions
	Public HearingInformation HearingOther Items	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 minutes 3 minutes	V	NA.
(If you answered "no,"	representing an organization STOP; you need not completelow, and go on to the next	eté the rest	n other than you of this form. If yo	rself: 🐧 Y ou answered "y	
COMMENTS RELAT	TED TO THE ITEM ON T	HE AGEN	DA (optional):		/
THE STEL	MING COUNT	TREC	3/12N	7 600	COAL MA
MUNTHS	<u>VE NUHYMU</u> MENULA - Z	04. [] 14. - 7. 15. 6	<u> </u>	1 (M/1/N 2011 A	1 102
VI CO 1 10	HEMILA . I	11.5	<u>L. 1116.</u> V17716	NN 1731	Politica
W ALPAR	EGINT 041	627	5HUS.	NE 14	1107110
AUNAL	THE DE ON	11 11	EA AND) Willy	1 6/1/2 10
Name, address and telep	phone number of each persor	ı or organiz	ation you are rep	resenting:	1
LOCKY	BLUSS MESS	114500	2(100)	A5500	MITON
,					
Are you being paid for y	our representation?			☐ Ye	s Do
Are you appearing as par	rt of your other paid duties f STOP; you need not comple	or this personte the the rest of	on or organizatio of this form. If yo	n?	

Are you an el	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
(If you answe this form. If y	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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Date	15-13 Signature March 100 100 100 100 100 100 100 100 100 10
	Print Name Print Name

Date: <u>June</u> 95,2013

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	and the same of th	PLEASE PRI	NT CLEARLY	Δ	
Agenda No.		Name K	ick Vola		· · · · · · · · · · · · · · · · · · ·
		M	adison W	rsity Av	26
Please check the appro	priate boxes:		,		
Support Oppose Neither Sup	pport Nor Oppose	and	💹 Do not wis		stions
	Public HearingInformation HearingOther Items	3 m	nutes		.
(If you answered "no,"	representing an organization of the second o	lete the rest of ti	her than yourself: his form. If you ans	☐ Yes wered "yes,"	No provide the name
	TED TO THE ITEM ON T				
I am concer	hed about hew 3 properties at 4	Zoning re	strictions	on the	,
Mount Olive	properties at 4	016-40	S18Minera	1 Kint	Koad
Name, address and telep	hone number of each person	1 or organization	1 you are representi	ng:	
	·	•			
Are you being paid for ye	our representation?			Yes	No
	rt of your other paid duties f STOP; you need not comple			☐ Yes vered ["yes," [No go on to the next

	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.)		
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Date	Signature		
	Print Name		