Date:	11/16/10	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: EDWARD KUHARS ENTER AMENDMENT NUMBER	Address:	MADISON, WI 53703 WIN & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)

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Are you b	eing paid for your representation?
Are you a (If you an the next q	ppearing as part of your other paid duties for this person or organization? Yes No swered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to suestion.)
Are you a municipali	an elected official or employee who is appearing solely on behalf of your office or for you ty or other governmental body?
(If you an	
you must	swered "yes" to the question, STOP. You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)
<i>you must :</i> If you are	sign this form. If you answered "no" to the question, go on to the next question.) being paid for your representation, or if your appearance is part of other paid duties, please be
<i>you must :</i> If you are	sign this form. If you answered "no" to the question, go on to the next question.) being paid for your representation, or if your appearance is part of other paid duties, please be
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Date:	
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	deout Address: 42	5 N Baldwin
ENTER AMENDMENT NUMBER		IN & ONE BOX IN THIS COLUMN
Amendment No. <u>13</u>	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representi	ng an organization or a person other I need not complete the rest of this fo	than yourself: ☐ Yes ☐ No orm. If you answered "yes," provide

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Are	you be	eing paid for your representation?
(If yo	ou ans	opearing as part of your other paid duties for this person or organization? Yes No ewered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to uestion.)
	•	n elected official or employee who is appearing solely on behalf of your office or for your y or other governmental body?
		swered "yes" to the question, STOP. You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)
	u are b sed tha	peing paid for your representation, or if your appearance is part of other paid duties, please be
	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?
		to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date:	(1-16-10

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		
Name: DAN DETTI		9 5. Shore Dr
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	Madisan 1 & ONE BOX IN THIS COLUMN
ENTER AMERICAN		
Amendment No3	SupportOpposeNeither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

At this meeting are you representing an organization or a person other than yourself:

Yes

REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? ΠNο ☐ Yes Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No (If you answered "ves" 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 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 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 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 Signature

Print Name

Date:	11/1.6	(10
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		
Name: ARTHUR ROSS	Address: 4(t	SIDNEY SI
	<u></u>	SIDNEY ST ADISON S3703
ENTER AMENDMENT NUMBER		
Amendment No{3}	SupportOpposeNeither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing	ng an organization or a person other th	nan yourself: 🗌 Yes 🔀 No
At this meeting are you represent	ig all digatization of a post of this for	m If you arewared "yes " provide

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

REGISTRATION STATEMENT - PAGE 2 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," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No (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 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 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 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.)

Signature

Print Name

Date

Date: 11-10-2010

CITY OF MADISON Registration Statement - Common Council 2011 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name:	Address: <u>Ja</u>	2/06 E 10Hy Sel
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	8 ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	─────────────────────────────────────
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representi (If you answered "no," STOP ; you the name of whom you represent	ng an organization or a person other to the not complete the rest of this fol and go on to the next question.)	han yourself.⊠Yes □ No rm. If you answered "yes," provide

REGISTRATION STATEMENT - PAGE 2

Nar	ne, ado	lress and telephone n	umber of each pers	on or organization you a	are representin	g:
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	06	2 Doby St.	Sc 40	0	:	
	M	adl8M, M	53703			
Are	you be	ing paid for your repre	sentation?		☐ Yes	☐ No
(If y	ou ansv	pearing as part of you wered "no," STOP; yo estion.)	r other paid duties f u need not complet	or this person or organize the rest of this form. If	zation? \ Ye f you answered	es
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	2.	Your principal is no with the City Clerk.	ot permitted to auth	orize you to lobby unle	ess you are re	gistered
	3.	If your principal spo reporting period (ha Clerk for the remain	lf year), the princip	ore than \$1,000 for lob al must file expense sta year?	obying services atements with	s in any the City
(Plea at Ro	ase go t oom 10:	o the City Clerk's wet 3 of the City-County B	osite <u>www.cityofmac</u> uilding, Madison, fo	dison:com/clerk/index.ht r more information.)	ml or go to the	Clerk's Office
Date	11-	16-2010	Signature	Umande	Uful	
			Print Name	Umanda	Mule	

Date:	11/	16/	10	
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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY		
Name: Jay Ferm	Address: 297	25 Herming St
	Mac	25 Hermina St. Dison, WI 5304.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 13	☐ Support☑ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing	ng an organization or a person other t	han yourseif: ☐ Yes ☐ No

(SEE BACK)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide

REGISTRATION STATEMENT - PAGE 2 Name, address and telephone number of each person or organization you are representing: □No Are you being paid for your representation? Yes Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes □ No (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 that: Before you engage in lobbying as a lobbyist, you or your principal must file an 1. authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any 3.

reporting period (half year), the principal must file expense statements with the City

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office

Clerk for the remainder of the calendar year?

at Room 103 of the City-County Building, Madison, for more information.)

Signature

Print Name

Date

Comments regarding budget amendment #13 (to eliminate the proposed position of Pedestrian Bicycle Program Manager and retain existing position of Pedestrian Bicycle Coordinator)

Jay Ferm 2925 Hermina St., Madison, WI 53704

Comments:

I oppose budget amendment #13. As co-chair of the Mayor's Platinum Bike Planning Committee, one of the problems we identified to continued and accelerated biking and walking improvements in Madison was the lack of coordination across departments such as Traffic Engineering, City Engineering, Parks and Planning. The current position of Pedestrian/Bicycle Coordinator lacks the authority and scope to provide such coordination.

The new position of Pedestrian Bicycle Program Manager proposed in the Mayor's budget provides broader authority and scope that will facilitate a higher level of coordination across city departments.

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