Date: July 24, 2012

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY	
Name KAREN MATTEON!	
Agenda No. 27/60 Address 17/0 YAHARA PC MADI SON, W1. 53704	
MADI 500, W1. 53704	
Please check the appropriate boxes:	
Support Oppose CLOSING STREET Neither Support Nor Oppose and Wish to speak Do not wish to speak Available to answer questions	
Speaking Limits: Public Hearing	
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the not of whom you represent below, and go on to the next question.)	те
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):	
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? Yes No	_
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nequestion.)	xt

REGISTRATION STATEMENT - PAGE 2

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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 beithat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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 <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		
	Print Name		

Date: Tuly 24, 2012

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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	PLEASE PRINT CLEARLY			
Agenda No. <u>F4</u>	Name Lisa Lanting Address 320 S. Baldwin St. #217			
	Madison, WI 537/13			
Please check the appropriate boxes:				
Trease effect the appropriate boxes.				
Support	and Wish to speak			
Oppose	Do not wish to speak Available to answer questions			
Neither Support Nor Oppos	se ·			
Speaking Limits: Public Hearing Information Hearing	g3 minutes			
Other Items	3 minutes			
At this meeting are you representing an organization or a person other than yourself: Yes No (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 below, and go on to the next question.)				
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):				
I oppose all colosures related to the railroad Crossings				
Solution to the problem of late-night trains. Close the vail times				
through the Isthmus until our quiet zones are in place.				
	Our services and many many			
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 (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next			

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No	
(If you ans this form. I	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)	
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Date	Signature	
	Print Name	