AGENDA ITEM NOSU	JBJECT/ADDRESS/TOPIC			
YOUR NAME Brannell K.	Hissia", DATE	11 Nos 7017		
YOUR ADDRESS 711 5. (1	145cent Ave Polklide	e. I L		
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 a (If you answered "no," STOP; you need not of	an organization or a person other than complete the rest of this form. If you answer	yourself: Yes No		
Name, address and telephone number of ea				
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 t	his form.		
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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(Please go to the City Clerk's website www.ci. County Building, Madison, for more informati	tyofmadison.com/clerk/index.html or go to thion.)	he Clerk's Office at Room 103 of the City-		
Date 11 Nov 2019 8	Signature			

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AGENDA ITEM NO. 13 SU	BJECT/ADDRESS/TOPIC SALV	MYON ARMY	
YOUR NAME XERXES MINOCHER	The state of the s		
YOUR ADDRESS 315 N. PINCH			
Please check the appropriate boxes:		he thinks	
Support	□ Oppose	☐ Neither Supp	ort Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)		eak (3 min. limit)
Do not wish to speak	☐ Do not wish to speak	☐ Do not wis	
☐ Available to answer questions	☐ Available to answer questions		to answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of Name, address and telephone number of ea	n organization or a person other than complete the rest of this form. If you answer	n yourself: Yo	on Phys
Are you being paid for your representation?		□ Ye	es 🗆 No
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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	☐ Ye	es 🔲 No
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AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC			
YOUR NAME ULYSSES WILLIAMS DATE 1/ /1/ /9			
YOUR ADDRESS 3 507 And	erson		
Please check the appropriate boxes:			
Support	☐ Oppose	☐ Neither Support N	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	s Available 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 to complete the rest of this form. If you answ	han yourself: 🛭 Yes wered "yes," go on to the ne	□ No ext questions.)
Name, address and telephone number of each person or organization you are representing: Homeless Issue committee (cochain)			
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 this form.	₩ No
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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. 57 08 SUBJECT/ADDRESS/TOPIC SALVATION ARMY				
YOUR NAME VANID RODRIGEZ DATE 11/11/19				
YOUR ADDRESS GIM Not	el lane madiso	r.ut		
Please check the appropriate boxes:				
□ Support	Oppose	☐ Neither Suppor	t Nor Oppose	
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to spea		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish		
☐ 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	an organization or a person other tha	n yourself: Yes	No next Juestions.)	
Name, address and telephone number of ea				
Are you being paid for your representation?				
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC The SA			
YOUR NAME BOOK ROLL KLEBBA DATE 11 NOV 19			
YOUR ADDRESS 704 & Gorhan 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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	BJECT/ADDRESS/TOPIC <u>し</u> る	0-648 EW	A
YOUR NAME Patty Prime DATE 11/10/19			
YOUR ADDRESS 432	Sidney 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 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 that complete the rest of this form. If you answe	nn yourself: Yes	No next questions.)
Name, address and telephone number of ea	ch person or organization you are repre	esenting:	
			*
Are you being paid for your representation?			
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AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC 630-648 & Wash				
YOUR NAME Michael Metzger DATE 11/11/19				
YOUR ADDRESS 552 Gatel	YOUR ADDRESS 552 Gately ter			
Please check the appropriate boxes:				
□ Support	☑ Oppose	□ Neither S	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 no	ot wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	able to an	swer questions
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AGENDA ITEM NO. 57168 SU	BJECT/ADDRESS/TOPION	c_Sali	10t 100) Aru	u j
YOUR NAME JOHO 3	roun.	DATE_	11-11	-19	
YOUR ADDRESS 1713 Bel	d SJ. Meduc	or cut	537	13	
Please check the appropriate boxes:					
(1) 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 no	ot wish to	speak
☐ Available to answer questions	☐ Available to answer q	uestions	☐ Avail	able to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not					□ No ext questions.)
Name, address and telephone number of ea	ach person or organization you	u are represei	nting:		
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ACENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC Solvestion	Avn	2 Proposal
AGENDA ITEM NO	1.12	7 1 1
YOUR NAME Kyle Ripple DATE 11.		
YOUR ADDRESS 145 Dayton Row		
Please check the appropriate boxes:		
□ Support □ Neither	(F) (F)	The same of the sa
☐ 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 r	ot wish to	55
Available to allswel questions - Available to allswell questions		swer questions
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	☐ Yes	No
Are you being paid for your representation?	☐ Yes	NYNo
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.)	□ res	And
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2 Very principal is not permitted to authorize you to lobby unless the principal is registered with	ne City Clerk	
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Date will 9 Signature Kontak		
	TION	

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AGENDA ITEM NO. \$710 \ SUE	BJECT/ADDRESS/TOPIC	the control of the second of t		
YOUR NAME Robin Ser	DATI	3_11.11.19		
YOUR ADDRESS 633 N. Shen	man Ave			
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 (If you answered "no," STOP; you need not con Name, address and telephone number of each	complete the rest of this form. If you answe	red "yes," go on to the next questions.)		
Are you being paid for your representation?				
Are you appearing as part of your other paid d (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.		
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.)				
If you are being paid for your representation, of	or if your appearance is part of other paid	duties, please be advised that:		
1. Before you engage in lobbying as a lobby	rist, you or your principal must file an auth	orization with the City Clerk.		
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(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				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 3 SU	BJECT/ADDRESS/TOPIC Salu	ation	An	7
YOUR NAME Frie welch DATE 11-11-19				
YOUR ADDRESS 1341 spright / 828 E Main St				
Please check the appropriate boxes:				
□ Support q	P Oppose □ I	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	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	able to an	swer questions
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," 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 11-11-19 Signature 2				

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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC			
YOUR NAME ANIKOE	YOUR NAME Jahi Krester (Keystir) Date 11-11-19		
YOUR ADDRESS \$29 J	enifer 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	
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person other the complete the rest of this form. If you answe	an yourself: Yes No No No to the next questions.)	
Name, address and telephone number of e	ach person or organization you are repr	esenting:	
Hornel	las xervies Cons	or a - 4 marson	
Are you being paid for your representation?		☐ Yes ☐ No	
	when we had		
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	f this form.	
Are you an elected official or employee who for your municipality or other governmental		e or Yes No	
(If you answered "yes" to the question, STO, that you must sign this form. If you answered	P. You need not complete the rest of this fo	rm except	
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Date	Signature State Of Signature	161	
		the state of the s	

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AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC Salvationations				
YOUR NAME SCOTT ANDERSEN DATE 11-11-19				
YOUR ADDRESS 1121 woodbridge Trait, Wannaker WT 53597				
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: 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: AVATOR Dental, UC				
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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AGENDA ITEM NO. SUI	BJECT/ADDRESS/TOPIC 630 -	648 E WA	shing ton A	
YOUR NAME SUSAN	Haviland DATE	, Blount	5,0	
YOUR ADDRESS 1961 Skyl	ive DR. Stoughto.	n JUS	3589	
Please check the appropriate boxes.	I own a property	at 1029 31	sought St. 1	
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	
At this meeting are you representing as (If you answered "no," STOP; you need not co			No ext questions.)	
Name, address and telephone number of ea			1-	
	mber Advisory Board	of salva	Non _	
Are you being paid for your representation?	mny o	☐ Yes	□ No	
Are you appearing as part of your other paid d (If you answered "no" to both these questions If you answered "yes," please continue.)	uties for this person or organization? , STOP. You need not complete the rest of th	☐ Yes is form.	□ No	
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 that you must sign this form. If you answered	You need not complete the rest of this form	except	□ N0	
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Date 1// // //9 S	ignature Susa U	Haulo		

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 3 SU	BJECT/ADDRESS/TOPIC Sal	ration H	my	
YOUR NAME WilltzmB	the DATE	11-11-19		
YOUR ADDRESS 727 5	Washington Are	4	Business	
Please check the appropriate boxes:			Addrew	
☐ Support	Oppose \Box	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	n 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				
Name, address and telephone number of each self, 827 E Washin	sch person or organization you are represe		3703	
Are you being paid for your representation?		□ Ye	es N o	
Are you appearing as part of your other paid of (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 the	☐ Ye	es No	
Are you an elected official or employee who for your municipality or other governmental by (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 this form	except \(\subseteq \text{Ye}	es to No	
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Date 11./1./9	Signature			

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

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13

AGENDA ITEM NO. 57/0 3 SUBJECT/ADDRESS/TOPIC SOLVATION ARMY					
YOUR NAME TOM O'CONNALL DATE 11/11/19					
YOUR ADDRESS 8433 ELDERBERRY RO, MADISON, WIT 53717.					
Please check the appropriate boxes:					
Support	☐ Oppose	Neither Suppor	rt Nor Oppose		
Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spea	ak (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 that complete the rest of this form. If you answer	n yourself: Yes	s 🔲 No e next questions.)		
Name, address and telephone number of ea	ch person or organization you are repre	senting:			
SALIATION ARing OF D.	NACCOUNTY				
Are you being paid for your representation?					
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	☐ Yes	s 🗖 No		
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.)			s □ No		
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Date 11/11/19 S	Date 11/11/19 Signature HMM OCall				

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#13

AGENDA ITEM NO. 57108 SUBJECT/ADDRESS/TOPIC Salvation	Army				
YOUR NAME NATA CIYA KNUCSON DATE 11/11/1	19				
YOUR ADDRESS 630 JE. Mifflin St. 1(nit B, 53	703, mudison				
Please check the appropriate boxes:	W				
☐ Support ☐ Oppose ☐ Neither Su	apport Nor 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 ☐ Available	ble to answer questions				
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," 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.)	Yes No				
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.)	Yes INO				
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13

AGENDA ITEM NO. 57108 SUBJECT/ADDRESS/TOPIC Salvation Army Ex Oconsion				
YOUR NAME Elizabeth Miller DATE 11/11/19				
YOUR ADDRESS 101 N. Blownt St. Apt #801 Madison, W153703				
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				
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," 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?				
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AGENDA ITEM NO. 3 SUBJECT/ADDRESS/TOPIC Salvation	Arme	7		
YOUR NAME Timothy Robichek DATE 17/11/19				
YOUR ADDRESS 113 Dayton Pow Mondison, w	F 537	03		
Please check the appropriate boxes:				
□ Support	Support N	or Oppose		
Wish to speak (3 min. limit) Wish to speak (3 min. limit) Wish	to speak (3	3 min. limit)		
☐ Do not wish to speak ☐ Do not wish to speak ☐ Do n	ot wish to s	peak		
☐ Available to answer questions ☐ Available to answer questions ☐ Available	lable to ans	wer questions		
At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go Name, address and telephone number of each person or organization you are representing:		No (t questions.)		
Are you being paid for your representation?	☐ Yes	Ø 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.)	☐ Yes	☑ No		
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.)	☐ Yes	☑ No		
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(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 11/1/2019 Signature 4	2			

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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Pess 7108

AGENDA ITEM NO. 3 SUBJECT/ADDRESS/TOPIC TS A	gest		
YOUR NAME Herdi Weglertres DATE	1/11/19		
YOUR ADDRESS 1941 E. Dayton St.	<u> </u>		
Please check the appropriate boxes:			
Support □ Oppose □ Neith	er Support N	Nor Oppose	
Wish to speak (3 min. limit) Wish to speak (3 min. limit) W	ish to speak	(3 min. limit)	
☐ Do not wish to speak ☐ Do not wish to speak ☐ D	o not wish to	speak	
☐ Available to answer questions ☐ Available to answer questions ☐ A	vailable to an	swer questions	
At this meeting are you representing an organization or a person other than yourse (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes,"		No ext questions.)	
Name, address and telephone number of each person or organization you are representing:	go on to me ne	Ai questions.)	
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.)	☐ Yes	□ No	
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.)	☐ Yes	□ No	
If you are being paid for your representation, or if your appearance is part of other paid duties, ple	ase be advised t	hat:	
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization	with the City Cl	erk.	
2. Your principal is not permitted to authorize you to lobby unless the principal is registered wit	And the American Company of the Company of the Company		
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Date Signature			

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AGENDA ITEM NO. 13 SU	BJECT/ADDRESS/TOPIC 5A	LAMEN ARMY		
YOUR NAME STEVE MAE	TL2 DAT	TE 11/11/19		
YOUR ADDRESS 638 E M				
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 questions	s	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person other the complete the rest of this form. If you answer	han yourself:	No ext questions.)	
Name, address and telephone number of ea	ach person or organization you are rep	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 this form.	№ No	
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO, that you must sign this form. If you answered	body? P. You need not complete the rest of this	form except	⊠ No	
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(Please go to the City Clerk's website www.c County Building, Madison, for more informa Date/ / / / 9	cityofmadison.com/clerk/index.html or go tion.) Signature	to the Clerk's Office at Roo	om 103 of the City-	

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. 57108 SUBJECT/ADDRESS/TOPIC Salvation Army Expansion				
YOUR NAME Anthony Brylski DATE 11/11/2019				
YOUR ADDRESS 911 E John	son St. Apt. 5			
Please check the appropriate boxes:				
☑ Support	□ Oppose	□ Neither	Support N	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	☐ Avail	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 answe	ered "yes," go		☑ 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? s, STOP. You need not complete the rest of	f this form.	☐ 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, STOP that you must sign this form. If you answered	ody? • You need not complete the rest of this fo	rm except	☐ Yes	□ No
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	ze you to lobby unless the principal is reg			
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Date S	Signature			

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AGENDA ITEM NO. 3 SUBJECT/ADDRESS/TOPIC Salvation Army				
YOUR NAME Savah Puclett Date 11/11/19				
YOUR ADDRESS 105 Dayton	Row Madisan W	1 5370	3	
Please check the appropriate boxes:				
☐ Support	2 COppose □	Neither Supp	ort Nor Oppose	
☐ Wish to speak (3 min. limit)	☑ Wish to speak (3 min. limit)	☐ Wish to sp	oeak (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wi	sh 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				
Name, address and telephone number of ea	ch person or organization you are represe	nting:		
Are you being paid for your representation?			res 🗖 Rio	
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? In the state of	is form.	Zes ♀ANo	
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 form	except	es ØNo	
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12 ar	ID IECT/ A DDD EGG/FIODIG	CAUSIUM ACULO	
	JBJECT/ADDRESS/TOPIC	54CO-11 100 11000	
YOUR NAME Jim Pope		ATE	
YOUR ADDRESS 3322	Duan pr. Struge	tor ai 53389"	
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 question	ons	
At this meeting are you representing (If you answered "no," STOP; you need not	an organization or a person othe complete the rest of this form. If you a	r than yourself: Yes No unswered "yes," go on to the next questions.)	
Name, address and telephone number of e		representing:	
- Salvation A	rmy		_
	V	- -	
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? as, STOP. You need not complete the r	est of this form.	
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO that you must sign this form. If you answered	body? P. You need not complete the rest of the	☐ Yes ☐ No his form except	
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AGENDA ITEM NO 3 SU	BJECT/ADDRESS/TOPIC		1 1	
YOUR NAME Steve	Andley DATE	11	111	2019
YOUR ADDRESS 632	E Myslen 81 Ma	disor	2	
Please check the appropriate boxes:	,00			
□ Support	□ Oppose □	Neither S	upport	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	t wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	able to an	nswer questions
	complete the rest of this form. If you answered	d "yes," go		₩ No ext questions.)
Name, address and telephone number of ea	ach person or organization you are represe	nting:		
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 th	is form.	☐ Yes	₽N ₀
for your municipality or other governmental to (If you answered "yes" to the question, STO)	is appearing solely on behalf of your office or body? P. You need not complete the rest of this form "no" to the question, go on to the next questi	except	☐ Yes	□ No
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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPICS	allation frmy
YOUR NAME Jordan	Allen DAT	E 1/11/19
YOUR ADDRESS 45	Dayton Ro	w Madison
Please check the appropriate boxes:		5371
□ 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 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	nan yourself: Yes No No wered "yes," go on to the next questions.)
Name, address and telephone number of ea	ich person or organization you are rep	resenting:
		Commence of the commence of th
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 this form.
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Date	Signature 22	

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OPP3

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC Size U.	ATON NEMY		
YOUR NAME PICKED FREShoefer DATE	11/11/2019		
YOUR ADDRESS 919 E DAY 1000 MADISON	uz 53703		
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 (If you answered "no," STOP; you need not complete the rest of this form. If you answered	d "yes," go on to the next questions.)		
Name, address and telephone number of each person or organization you are represent	nting:		
	/		
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 the If you answered "yes," please continue.)	is form.		
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 that you must sign this form. If you answered "no" to the question, go on to the next question.	except Yes No		
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Date II II 749 Signature 72			

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PLAN COMMISSION REGISTRATION FORM

10	71	1 . 4 1	1 10- 1
AGENDA ITEM NO. 15 SU	BJECT/ADDRESS/TOPIC	(Vation	HIMY
YOUR NAME KICK	DATE	11/11/17	
YOUR ADDRESS 906 Say	IK Ridge + Vail		
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 an	nswer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	nn organization or a person other than complete the rest of this form. If you answere	yourself: Yes ed "yes," go on to the n	□ No ext questions.)
Name, address and telephone number of ea			
		☐ Yes	SN No
Are you being paid for your representation?			2110
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 t	☐ Yes his form.	D/No
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO, that you must sign this form. If you answered	body? P. You need not complete the rest of this form	Yes except	D'ino
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Date RR / RR	Signature ///	1000	

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AGENDA ITEM NO. 3 SU	BJECT/ADDRESS/TOPIC	vatter Army		
YOUR NAME Ron Track	tenter DATE	11/11/19		
YOUR ADDRESS 7222	Branford Lout	Madxox		
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 a (If you answered "no," STOP; you need not of				
Name, address and telephone number of ear	ch person or organization you are represe	enting:		
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.)		his form.		
Are you an elected official or employee who is for your municipality or other governmental by (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	Yes ZDNo		
If you are being paid for your representation,	or if your appearance is part of other paid du	ities, please be advised that:		
1. Before you engage in lobbying as a lobby	ist, you or your principal must file an author	rization with the City Clerk.		
2. Your principal is not permitted to authorize	ze you to lobby unless the principal is registe	ered with the City Clerk.		
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 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 11/1/9 S	dignature Bull vu M	Sensey		

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13

AGENDA ITEM NO. 57103 SU	BJECT/ADDRESS/TOPIC <u>U30 P</u>	WASH- THES	SALVATION	
YOUR NAME LEAH TESKE	DATE_	11/11/19		
YOUR ADDRESS 2418 CROS	35 ROADS PR. SUITE 2300	, MADISON,	W1 53718	
Please check the appropriate boxes:				
Support	□ Oppose □	Neither Support No	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 not wish to sp	oeak	
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 on Name, address and telephone number of each of the ALVATION ARVAY	complete the rest of this form. If you answered the person or organization you are represent	l "yes," go on to the next	□ No 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? S. STOP. You need not complete the rest of the	Yes is 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, STOF that you must sign this form. If you answered	ody? ?. You need not complete the rest of this form	except es	No	
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County Building, Madison, for more information	ion.) Signature UULLSU	- Sin to Office an Account		

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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13

AGENDA ITEM NO. 5115 SU	BJECT/ADDRESS/TOPIC Sa	vation	Arms	/
YOUR NAME Joseph Al	exander DAT	E 11/1	119	
	. Highlands Ave, v	Madisc	n	
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 (.	3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do no	ot wish to s	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	able to ans	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	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 nex	□ No et questions.)
Name, address and telephone number of early Compo	ach person or organization you are repr	esenting:	^	53713
Are you being paid for your representation?			K 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.	Q 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, STOP that you must sign this form. If you answered	ody? • You need not complete the rest of this fo	rm except	☐ Yes	DINO.
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please b	e advised tha	nt:
1. Before you engage in lobbying as a lobby	rist, you or your principal must file an autl	norization with	the City Cler	·k.
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11/11/10	Signature Con As -	6/-9		

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AGENDA ITEM NO. 57108 SUBJECT/ADDRESS/TOPIC Salvation Army			
YOUR NAME Tara Banica DATE 11/11/2019			
YOUR ADDRESS 630 E- Washington Are Madison, W			
Please check the appropriate boxes: 53903			
☐ 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: Yes 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:			
madison W 53703			
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.)			
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:			
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Date WII/19 Signature Tana Banics			

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AGENDA ITEM NO. 57108 SU	BJECT/ADDRESS/TOPIC	0 87 The Salvati	on trong		
YOUR NAME Melissa So	monsen DATE	ululia			
YOUR ADDRESS <u>630</u> E	Washington sue				
Please check the appropriate boxes:	0				
Support	□ Oppose □	Neither Support No	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 not wish to sp	peak		
Available to answer questions	☐ Available to answer questions	☐ Available to answ	wer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not of			☐ No t questions.)		
Name, address and telephone number of ea		senting:			
Are you being paid for your representation?					
Are you appearing as part of your other paid d (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 the state of	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 form	☐ Yes	No		
If you are being paid for your representation, o	or if your appearance is part of other paid du	aties, please be advised that	t:		
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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 re th the City Clerk for the remaining quarters	porting period (calendar size of the calendar year.	x months), the		
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	BJECT/ADDRESS/TOPIC Salva	hon Army	
YOUR NAME Major And	drew Shiels DATE		
YOUR ADDRESS 430 E. WA			
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 of Name, address and telephone number of ear the Sa (Value Arm)	complete the rest of this form. If you answere ach person or organization you are represe	ed "yes," go on to the r	□ No next questions.)
THE SOLVERING PARM DO	are coorig		
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	Yes his 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	oody? P. You need not complete the rest of this form	☐ Yes n except	■ No
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AGENDA ITEM NO/3SU	BJECT/ADDRESS/TOPIC	O E GASHAGTON AVE		
YOUR NAME MAKE OF	DAT	E 11-11-2019		
YOUR ADDRESS 2418 Cros	ROADS BRIVE			
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 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 answe	an yourself: Yes \square No ered "yes," go on to the next questions.)		
Name, address and telephone number of ea		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.)	luties for this person or organization? s, STOP. You need not complete the rest of	f this form.		
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	rm except		
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Date 141-209 Signature Mare 1th				

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AGENDA ITEM NO. 13 (57/08) SUBJECT/ADDRESS/TOPIC Salvation Army Expansion					
YOUR NAME Kinn Sutter DATE 11/11/19 YOUR ADDRESS 3700 Parmenter St. Apt. 407 Middleton, WI					
YOUR ADDRESS 3700 Parmenter St. Apt. 407 Middleton, WI					
Please check the appropriate boxes:				53562	
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 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 on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answe	red "yes," go	☐ Yes on to the ne	No ext questions.)	
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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If you are being paid for your representation,	or if your appearance is part of other paid of	luties, please l	oe advised t	hat:	
1. Before you engage in lobbying as a lobby	vist, you or your principal must file an auth	orization with	the City Cl	erk.	
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Date S	Signature				

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AGENDA ITEM NO SU	BJECT/ADDRESS/TOPIC COM	ditional Us	8	
YOUR NAME BEVEN	1 PEFERSON DATE	11/11/19		
YOUR ADDRESS (030 E	. Washington, Mad	ISON WID		
Please check the appropriate boxes:	9			
Support	□ Oppose □	Neither 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 not wish to	speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to ans	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not o	complete the rest of this form. If you answered	d "yes," go on to the ne:	No xt questions.)	
Name, address and telephone number of ea	ich person or organization you are represe	nting:		
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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PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION (Public Hearings normally begin at 6:00 p.m. or shortly thereafter)

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REGISTRATION FORM

PLAN COMMISSION

AGENDA ITEM NO / 60 SC	BJECT/ADDRESS/TOPIC	30	
YOUR NAME STEVE MI	ERRITT DATE	3 11/11/19	
YOUR ADDRESS			
Please check the appropriate boxes:			
Support	□ Oppose	☐ Neither Support N	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	swer questions
At this meeting are you representing an organization or a person other than yourself: Yes \square 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: THE SALVATION ARMY			
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? as, STOP. You need not complete the rest of	this form.	₩ No
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO that you must sign this form. If you answered	body? P. You need not complete the rest of this fo	☐ Yes m except	No.
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advised the	nat:
1. Before you engage in lobbying as a lobb	yist, you or your principal must file an auth	orization with the City Cl	erk.
	ize you to lobby unless the principal is regi		
If your principal spends or will owe mor principal must file expense statements w	re than \$1,000 for lobbying services in any right the City Clerk for the remaining quarter	eporting period (calendar s of the calendar year.	six months), the
(Please go to the City Clerk's website www.c County Building, Madison, for more informa	cityofmadison.com/clerk/index.html or go to	the Clerk's Office at Roo	m 103 of the City-
Date	Signature		

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 2 SU	JBJECT/ADDRESS/TOPIC Com	whit we & Der, Jernil		
YOUR NAME PETER	J. ZEMRON DAT	E		
YOUR ADDRESS 630	washity an.	53763		
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 (If you answered "no," STOP; you need no	an organization or a person other the complete the rest of this form. If you answ	an yourself: Yes No ered "yes," go on to the next questions.)		
Name, address and telephone number of	each person or organization you are repr	esenting:		
Are you being paid for your representation?		☐ Yes ☐ No		
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13

AGENDA ITEM NO. 17 SU	BJECT/ADDRESS/TOPIC CON	ational use		
YOUR NAME PAIGE SO	DROLENISEN HUROMATI	E		
YOUR ADDRESS /230	E WASHINGTON	VAVE		
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 a (If you answered "no," STOP; you need not of	n organization or a person other the	an yourself: Yes Ano ered "yes," go on to the next questions.)		
Name, address and telephone number of ea				
Are you being paid for your representation?		☐ Yes ☐ Yes		
Are you appearing as part of your other paid of (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	f this form.		
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Date 11/1/2019 Signature aug brownson Hulson				

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AGENDA ITEM NO. 2 SU	DIECT/ADDRESS/TODIC	CA S. WAND	2/10/000	
	BJECT/ADDRESS/TOPIC	11/11/16	*19(21)	
YOUR NAME WACY TO	bermehl DAT	E ((((G)		
YOUR ADDRESS (1029)	actual Are	Mallesta		
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 questions	☐ Available to an	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not o	complete the rest of this form. If you answ	ered "yes," go on to the ne	☐ No ext questions.)	
Name, address and telephone number of ea	ich person or organization you are repi	esenting:		
Are you being paid for your representation?		☐ Yes	No 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 for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	ody? • You need not complete the rest of this fo	☐ Yes	No	
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be advised the	hat:	
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County Building, Madison, for more information.)				
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AGENDA ITEM NO. 12 SU	BJECT/ADDRESS/TOPIC SCLV	delto	Army	
YOUR NAME KATU JOLGOY DATE 11/11/19				
YOUR ADDRESS 416 S. B	dearly St. Mad	ison, u	NI 53703	
Please check the appropriate boxes:				
□ Support	□ Oppose □	Neither Supp	ort Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to sp	eak (3 min. limit)	
Do not wish to speak	☐ Do not wish to speak	☐ Do not wis	sh to speak	
Available to answer questions	☐ Available to answer questions	☐ Available t	to answer questions	
	an organization or a person other than y complete the rest of this form. If you answered			
Name, address and telephone number of e	ach person or organization you are represer	iting:		
		F 7 1 1 1 1 1 1		
Are you being paid for your representation?		□ Y	es XNo	
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.)				
for your municipality or other governmental (If you answered "yes" to the question, STO.	is appearing solely on behalf of your office or body? P. You need not complete the rest of this form of "no" to the question, go on to the next question.	except	es No	
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:				
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC Salvation Amm				
YOUR NAME Alber (1) LOS DATE (1/11/19)				
YOUR ADDRESS 533 McGV	mick Ave #4		Market a	
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 (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 a (If you answered "no," STOP; you need not o	n organization or a person other than complete the rest of this form. If you answer	n yourself: Yes red "yes," go on to the ne	No xt questions.)	
Name, address and telephone number of ea	ch person or organization you are repres	senting:		
Are you being paid for your representation?		☐ Yes	1 No	
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AGENDA ITEM NO. SU.	BJECT/ADDRESS/TOPIC	The s	alva	tion	Army Shet
YOUR NAME MUISSA M	ehnia	DATE_	11/11	19	J
YOUR ADDRESS <u>6333</u>	Hartfold Dr	Madis	son, n	1 5	3719
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	t wish to	speak
Available to answer questions	☐ Available to answer q	uestions	☐ Avail	able to ar	nswer questions
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," 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.)	duties for this person or organizations, STOP. You need not complete	ation? e the rest of thi	is form.	☐ 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, STOP that you must sign this form. If you answered	oody? P. You need not complete the res	st of this form e	except ons.)	☐ Yes	□ No
If you are being paid for your representation,	or if your appearance is part of	other paid duti	es, please b	e advised	that:
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AGENDA ITEM NO. 5768 SUBJECT/ADDRESS/TOPIC Shelfer					
YOUR NAME JOHN BI	70 WY DATE	11-11-	-19		
YOUR ADDRESS 1713 Beld	STI merses on WIS	3713			
Please check the appropriate boxes:					
Support	□ Oppose □	Neither S	Support N	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	To 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 on Name, address and telephone number of each	complete the rest of this form. If you answere	ed "yes," go	☐ Yes on to the ne	□ No ext questions.)	
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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10	0.1	1		
AGENDA ITEM NO. 57658 SUBJECT/ADDRESS/TOPIC Salvinon Army				
YOUR NAME Marilyn Feil DATE 11/11/19				
YOUR ADDRESS 3634 A1	pine Road, Madis	son		
Please check the appropriate boxes:	1 to Anni's Rodwellerm	ent Plan		
X Support Tsipput the St	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 of	n organization or a person other than complete the rest of this form. If you answere	yourself: XYes d "yes," go on to the r	□ No next questions.)	
Name, address and telephone number of ea	ch person or organization you are represe	nting:		
Are you being paid for your representation?		☐ Yes	™ No	
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AGENDA ITEM NO.	JBJECT/ADDRESS/TOPIC Soc	wantion Amy re-develop		
YOUR NAME Rachell	riesen DAT			
YOUR ADDRESS 247 LAN	igdon St. #6			
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 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 o	complete the rest of this form. If you answ	vered "yes," go on to the next questions.)		
Name, address and telephone number of each of the second s	ach person or organization you are repr 208-669-4990	resenting:		
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.)				
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If your principal spends or will owe more principal must file expense statements with the statement of the statement with the statement of the statement	than \$1,000 for lobbying services in any th the City Clerk for the remaining quarte	reporting period (calendar six months), the ers of the calendar year.		
(Please go to the City Clerk's website www.cin County Building, Madison, for more informati	t <u>vofmadison.com/clerk/index.html</u> or go to ion.)	o the Clerk's Office at Room 103 of the City-		
11/1/19	Signature			

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AGENDA ITEM NO. 5 SUBJECT/ADDRESS/TOPIC Conditional USe YOUR NAME Mid Town YOUR ADDRESS 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: Yes \square 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: Salvation Draw 3030 Darlos Dr Are you being paid for your representation? ☐ Yes Are you appearing as part of your other paid duties for this person or organization? ☐ Yes (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? ☐ Yes (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.) 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 authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk. 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 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

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AGENDA ITEM NO. / S SU	BJECT/ADDRESS/TOPIC So	al contract of the state of the		
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TYOUR LEADING OF THE PARTY OF T				
YOUR ADDRESS 614 W	Olinitive Madis	ion w1 537/5		
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 a (If you answered "no," STOP; you need not	complete the rest of this form. If you answ	vered "yes," go on to the next questions.)		
Name, address and telephone number of ea	ich person or organization you are repi	resenting:		
Are you being paid for your representation?		☐ Yes ☑ No		
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Date S	ignature AAA			

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AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC Salvation Army					
YOUR NAME Jenni Uppitt DATE 11/11/19					
YOUR ADDRESS 226 N. Ma	Mard Dr. Sun Prairie	,WI 53590			
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 (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 a (If you answered "no," STOP; you need not	an organization or a person other than complete the rest of this form. If you answer	n yourself: XYes ed "yes," go on to the ne:	☐ No xt questions.)		
Name, address and telephone number of ea The Alexandler Companie Madison, w. 53590	ach person or organization you are repres				
Are you being paid for your representation?		Yes	No.		
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC SALVATION ARMY (No. 13)				
YOUR NAME LUKE SEABERG DATE 11/11/19				
YOUR ADDRESS 1235 JEN	FER STREET, MADISON, W	11 53	703	
Please check the appropriate boxes:				
☑ Support	□ Oppose □	Neither	Support N	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?			☐ Yes	☑ No
	lation for this manner or annuing time?			
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AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC Salvation Army Shelter				
YOUR NAME Scott Schmitt DATE 11/11/19				
YOUR ADDRESS 6721 An	nestown Dr., Madison	WI	53718	7
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	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Avail	able to ans	swer questions
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YOUR NAME LOSNELL LENTZ DATE 1/1/9 YOUR ADDRESS 9155 ST Rd 19 Mazornanie WII 53560 Please check the appropriate boxes: Support					
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose					
Support					
The speak (5 min. timit)					
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. 57108 SU			rati	011		
YOUR ADDRESS 2018 Madist	YOUR NAME Molly Wells DATE 11/11/19 YOUR ADDRESS 2018 Madison St. #2 Madison, w1 53711					
Please check the appropriate boxes:						
Support	□ Oppose	☐ Neither S	upport l	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	t wish to	speak		
☐ Available to answer questions	☐ Available to answer questions	☐ Availa	ble 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 tha complete the rest of this form. If you answe	n yourself: red "yes," go o	Yes n to the ne	XPNo ext questions.)		
Name, address and telephone number of ea	ch person or organization you are repre	esenting:				
Are you being paid for your representation?			☐ Yes	×□PNo		
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AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC TO SOLVATION HOME				
YOUR NAME KATIE JOSETH	DATE	11-11-	19 1	
YOUR ADDRESS 2760 Burn	itt Road, Staighton, WI	53589		
Please check the appropriate boxes:	J			
□ Support	□ Oppose □	Neither !	Support N	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 o	complete the rest of this form. If you answere	ed "yes," go		No ext questions.)
Name, address and telephone number of ea	ch person or organization you are repres	enting:		
Are you being paid for your representation?				
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Date 11-19 Signature Aug DOLA				

PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC The Salvation Army				
YOUR NAME Amber Thompson DATE 11/11/19				
YOUR ADDRESS 105 MC	henna Blvd #+	d		
Please check the appropriate boxes:	Madison, WI 5371	7		
Support	□ Oppose □ I	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 t	o speak	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to a	inswer questions	
(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	"yes," go on to the	No next questions.)	
Name, address and telephone number of ea	ch person or organization you are represen	ting:		
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AGENDA ITEM NO. 57108 SU	JBJECT/ADDRESS/TOPIC				
	LOPEZ DAT	E 11/1/17	NEW TEN		
YOUR ADDRESS 491	3 GOLDFINCH DK		ę.		
Please check the appropriate boxes:			Harane		
Support	□ Oppose	☐ Neither Support I	Nor Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak	7.7		
Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to			
☐ Available to answer questions	☐ Available to answer questions	☐ Available to an			
At this meeting are you representing a (If you answered "no," STOP; you need not o	in organization or a person other that	an vourself: \(\sqrt{v}_{\text{os}} \)	N/Na		
Name, address and telephone number of ea	ich person or organization you are repr	esenting:	xi questions.)		
Are you being paid for your representation?					
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	f this form.	☑ No		
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AGENDA ITEM NO. 13 SU	BJECT/ADDRESS/TOPIC THE SA	ALVATION	ARMY				
YOUR NAME SHAWNON	ASH DATE		/19				
YOUR ADDRESS 7039 WA	173 RD. MADISON, WI	537	19				
Please check the appropriate boxes:							
Support	□ Oppose □	Neither :	Support l	Nor Oppose			
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)			(3 min. limit)			
	☐ Do not wish to speak		ot wish to				
☐ Available to answer questions	☐ Available to answer questions			swer questions			
At this meeting are you representing a (If you answered "no," STOP; you need not o	complete the rest of this form. If you answere	yourself:	□ Vec	MNo			
Name, address and telephone number of ea	ch person or organization you are represe	enting:					
Are you being paid for your representation?							
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Date 11/11/19 Si	ignature Starkou (S	lsh		Date 11/11/19 Signature Karnon (Sh			

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AGENDA ITEM NO. 3 SU	JBJECT/ADDRESS/TOPIC <	SALVATION ARM	ИУ		
YOUR NAME ANDREW HORN DATE 11-19					
YOUR ADDRESS 123 N	BLOUNT ST +	7203			
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 questi	ons	nswer questions		
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you c	answered "yes," go on to the no	ext questions.)		
Name, address and telephone number of ea	ach 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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13

PLAN COMMISSION REGISTRATION FORM

AGENDA ITEM NO. 57108 SU	JBJECT/ADDRESS/TOPIC Salvain	on Army			
YOUR NAME Mason Baranceyk					
YOUR ADDRESS 624 E- MIFTIN	St., Madison WI 53703				
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 (If you answered "no," STOP; you need not	complete the rest of this form. If you answe	red "yes," go on to the next questions.)			
Name, address and telephone number of e	ach person or organization you are repre	senting:			
Susan & Kich Baranczyk 301 Mugen Rereliger (284 F. Mifflin St. (Nedison WI \$3703 970-619-202	970-680-5793 (susen) 920-634 6716 (T			
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.)					
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(If you answered "yes" to the question, STO, that you must sign this form. If you answered	P. You need not complete the rest of this for "no" to the question, go on to the next que.	m excent			
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Date 11/11/2019	Signature //				

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AGENDA ITEM NO. 3 SU.	BJECT/ADDRESS/TOPIC	Salvation Avenue	
YOUR NAME Borston W	oflicency -	DATE ((III ()	
YOUR ADDRESS 49	Dayfor low	paolison	
Please check the appropriate boxes:			
□ Support □	□ Oppose	☐ Neither Support Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. lim	nit)	
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to speak	
☐ Available to answer questions	☐ Available to answer ques	stions	
At this meeting are you representing a (If you answered "no," STOP; you need not of		her than yourself: \(\overline{\text{Ves}} \text{No} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Name, address and telephone number of ea	ach person or organization you ar	re representing:	
Home Oblier	mound As	socialien	
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 organizations, STOP. You need not complete the	n? Yes No e rest of this form.	
Are you an elected official or employee who i for your municipality or other governmental be (If you answered "yes" to the question, STOF that you must sign this form. If you answered	oody? P. You need not complete the rest of	Yes No	
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County Building, Madison, for more information	ityofmadison.com/clerk/index.html eion.) Signature	or go to the Clerk's Office at Room 103 of the City-	

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AGENDA ITEM-NO. 13 SUBJECT/ADDRESS/TOPIC SALVATION ARMY				
YOUR NAME KDEHAGES SANT DATE NOV. 11 2019				
YOUR ADDRESS 210 N. PATERSON 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				
☐ 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 Nov. 11 2019 Signature K. Sassi				

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AGENDA ITEM NO. 3 SUBJECT/ADDRESS/TOPIC Sal vation frmy				
YOUR NAME Ken't Amouda Wole DATE ///11/19				
YOUR ADDRESS 817 F	Myblen 5			
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 (3	3 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 question	ons	wer 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," go on to the next questions.) Name, address and telephone number of each person or organization you are representing:				
			10	
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AGENDA ITEM NO 38/0/SI	UBJECT/ADDRESS/TOPIC			
YOUR NAME Met Bato		E "/11/20	19	
YOUR ADDRESS 154 K	ensington Drive; M.	adison, WI	53704	
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		
☐ Available to answer questions	The second secon	☐ Available to a		
At this meeting are you representing (If you answered "no," STOP; you need not	an organization or a person other that complete the rest of this form. If you answe	n vourself: \(\sigma\) Yes	X No	
Name, address and telephone number of e	ach person or organization you are repre	esenting:	Text questions,	
		W. T 19-1-5		
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	This form.	D No	
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Date 1/11/2019 Signature Sant Bathista				

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AGENDA ITEM NO. 3 SUBJECT/ADDRESS/TOPIC SGLVATION AIM				
YOUR NAME JOE WESTEN HEARING DATE 11/11/19				
YOUR ADDRESS 9 Prentice	Place Madison, WI	53704		
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 a (If you answered "no," STOP; you need not of	complete the rest of this form. If you answ	vered "yes," go on to the next questions.)		
Name, address and telephone number of ea	ch person or organization you are repr	resenting:		
Are you being paid for your representation?	Are you being paid for your representation?			
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Date 11/11/19 S	ignature	1 for		

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. 3 SI	UBJECT/ADDRESS/TOPIC -	The Salvation Army		
YOUR NAME CONTINEN	Spears DA	TE 11/11/19		
YOUR ADDRESS 1029	Fieder Ln #3 n	halisch WIS3703		
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 question	s Available to answer questions		
At this meeting are you representing (If you answered "no," STOP; you need not	complete the rest of this form. If you ans	wered "yes," go on to the next questions.)		
Name, address and telephone number of e	ach person or organization you are rep	presenting:		
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? as, STOP. You need not complete the rest	of this form.		
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO that you must sign this form. If you answered	body? P. You need not complete the rest of this :	form except		
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Date	Signature M			
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AGENDA ITEM NO. 13 SUBJECT/ADDRESS/TOPIC The Salvation army				
YOUR NAME Lyntu	ROSCM DAT	TE //-//-/	4	
YOUR ADDRESS 630	& Washing toa	av.		
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)	
CDo not wish to speak	☐ Do not wish to speak	☐ Do not wish to	144	
☐ Available to answer questions	☐ Available to answer questions	☐ Available to an	swer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person other the complete the rest of this form. If you answ	an yourself: Yes	divio	
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 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				
YOUR NAME JEFF TAYLOR DATE 11-11-19 YOUR ADDRESS 912 NCIVING STON ST				
YOUR ADDRESS 912	CIVILL STONST			
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	
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person other tha	n yourself: Yes	No No ext questions)	
Name, address and telephone number of ea			exi quesiions.)	
X				
Are you being paid for your representation?				
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 this form.	□ No	
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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 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 5	Signature			

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AGENDA ITEM NO\3 SU	BJECT/ADDRESS/TOPIC Sale	Ustion Arms	Building
YOUR NAME Jamie Folks		E 11/11/19	
YOUR ADDRESS 7430 Sau	unill Rd Medison WI	53717	
Please check the appropriate boxes:			
☑ Support	□ Oppose	☐ Neither Supp	port Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)		peak (3 min. limit)
Do not wish to speak	☐ Do not wish to speak	☐ Do not w	
☐ Available to answer questions	☐ Available to answer questions		to answer 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 answ	an yourself: an yourself: on to	Ves DNo
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	of this form.	Yes 🔲 No
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.)			
If you are being paid for your representation,	or if your appearance is part of other paid	duties, please be adv	vised that:
1. Before you engage in lobbying as a lobby	ist, you or your principal must file an autl	norization with the C	lity Clerk.
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 If your principal spends or will owe more principal must file expense statements wi 	than \$1,000 for lobbying services in any th the City Clerk for the remaining quarte	reporting period (cal	endar six months), the ar.
(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 S	ignature		

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AGENDA ITEM NO. 57108 SI	UBJECT/ADDRESS/TOPIC 630	-648 E. WASI	INGTON FUT
YOUR NAME Scott F	AVOUR DAT	E 11/11/201	9
YOUR NAME Scott F. YOUR ADDRESS 819 E. 1	MIFFLIN ST #304		
Please check the appropriate boxes:			
☐ Support	Oppose	☐ Neither 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 not wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to an	swer questions
At this meeting are you representing	an organization or a person other th	an yourself: 🔲 Yes	No No
(If you answered "no," STOP; you need not Name, address and telephone number of e	complete the rest of this form. If you answ each person or organization you are repu	ered "yes," go on to the ne	ext questions.)
	or organization you are repr	esenting.	
2			
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? as, STOP. You need not complete the rest of	Yes this form.	□ No
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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 If your principal spends or will owe more principal must file expense statements w 	e than \$1,000 for lobbying services in any ith the City Clerk for the remaining quarter	reporting period (calendar rs of the calendar year.	six months), the
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Date	Signature		*

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AGENDA ITEM NO. 13 SU	JBJECT/ADDRESS/T	OPIC The	Sali	ratio	n Army
YOUR NAME Allison C	want	DATE_	11-1		
YOUR ADDRESS 428 Ca				4 100	103
Please check the appropriate boxes:					
☑ Support	□ Oppose		Neither !	Support I	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3)				(3 min. limit)
☑ Do not wish to speak	☐ Do not wish to spe	eak		ot wish to	
☐ Available to answer questions	☐ Available to answ	er questions			swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not of	complete the rest of this for	rm. If you answered	yourself: "yes," go	Ves	□ No.
Name, address and telephone number of ea The Salvatian Arms 608-250-2200	ach person or organization	n you are represen	iting:		lisar, WI
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 org s, STOP. You need not com	anization? oplete the rest of thi	s form.	☐ 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, STOP that you must sign this form. If you answered	oody? P. You need not complete th	ne vest of this form	except ons.)	☐ Yes	□ No
If you are being paid for your representation, or					
1. Before you engage in lobbying as a lobby	ist, you or your principal n	nust file an authoriz	ation with	the City Cle	rk.
2. Your principal is not permitted to authorize	ze you to lobby unless the p	principal is registere	ed with the	City Clerk.	
 If your principal spends or will owe more principal must file expense statements with 	than \$1,000 for lobbying s th the City Clerk for the rea	ervices in any report maining quarters of	rting period the calenda	l (calendar s ar year.	ix months), the
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Date 10 10 10	Ignature				

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	BJECT/ADDRESS/TOPIC The	Salvation Army
YOUR NAME CODY FERNON	dez DATE	11-51-19
YOUR ADDRESS 428 Cost	- 1 2	WI 53703
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 a (If you answered "no," STOP; you need not	an organization or a person other than complete the rest of this form. If you answere	n yourself: Yes No ed "yes," go on to the next questions.)
Name, address and telephone number of ea	ach person or organization you are repres	enting:
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? as, STOP. You need not complete the rest of t	this form.
Are you an elected official or employee who for your municipality or other governmental (If you answered "yes" to the question, STO, that you must sign this form. If you answered	body? P. You need not complete the rest of this forn	☐ Yes ☐ No n except
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Date _//-//-/9	Signature Cook Yemel	

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. SUBJECT/ADDRESS/TOPIC Salvation Army		
YOUR NAME STOVE NO LOS DATE 11/11/19		
YOUR ADDRESS 1718 STREPY POINT DRIVE, VERCHA, 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 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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