

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

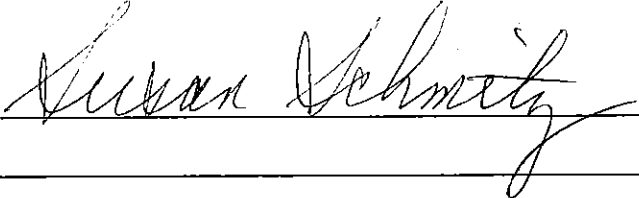
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

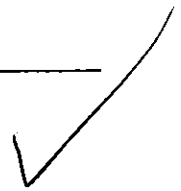
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 7-8-15

Signature 
Print Name _____

Date: 7/8



CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. Q-1

Name FRED WOLFS
Address Wisconsin Ave.
53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

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

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

[Empty box for comments]

Name, address and telephone number of each person or organization you are representing:

[Empty lines for name, address, and telephone number]

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

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(SEE BACK)

Date: 7-8-15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.



PLEASE PRINT CLEARLY

Agenda No. G-1

Name Greg Frank
Address Wallingford Cir
mail 53717

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

[Empty comment box with multiple horizontal lines]

Name, address and telephone number of each person or organization you are representing:

G

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 8 Jul '15 *Ph*

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. G. 1

Name Mike S Goodman
Address Maple Wood Ln
Madison WI 53704

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

and Wish to speak
 Do not wish to speak
 Available to answer questions

Speaking Limits: Public Hearing 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

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Name, address and telephone number of each person or organization you are representing:

1/19

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Are you appearing as part of your other paid duties for this person or organization? 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 BTG 1 '15

Signature

Print Name

Michael S. GOODMAN

Date: 7/8/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 39182

Name Steve Weber
Address E. Wilson

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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(SEE BACK)

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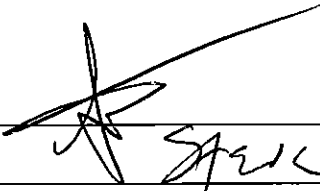
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Date 7/8/15

Signature 
Print Name Steve Webb

Date: July 8, 2015

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name KARIMA (Nina) Berkani
Address North St
Madison, WI

Agenda No. G1 +
G2-39184

Please check the appropriate boxes:

- Support** - Removal
- Oppose**
- Neither Support Nor Oppose**

- and **Wish to speak**
- Do not wish to speak**
- Available to answer questions**

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Support removal of the bus stop because it is not serving the intended public use purpose, it poses safety issues & public health issues and is detrimental to business at the top of State.

Name, address and telephone number of each person or organization you are representing:

Karima Berkani - part owner of Teddywedgers

Are you being paid for your representation?

Yes No

Are you appearing as part of your other paid duties for this person or organization?

Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 7-8-15

Signature Nina Berkani

Print Name Nina Berkani

July 8, 2015

To Whom It May Concern,

My name is Karima Berkani, my brother Antony Rineer and I own Teddywedgers, located at 101 State Street. The bus shelter located at West Mifflin & State Street is just a sidewalk away from our all-glass store front.

Having grown up in Madison, and now owning Teddywedgers, we have a vested interest in the future of the city, and particularly in downtown. Safety is our primary concern, for our customers, for the general public, and for us as well.

Over the course of the last year that we have operated our business six (6) short feet away from the bus stop, it has become clear to us that the bus stop is a safety issue. It is commonplace to see people drinking alcohol in the bus station, smoking cigarettes in the bus stop, having verbal and at time physical altercations in the bus stop. Often, those who are waiting for the bus are displaced by loiterers and are forced to wait next to the bus stop for their ride.

The bus stop is not serving its functional public purpose in its current location. Police presence is a daily requirement. Passersby are often verbally harassed by people loitering in and around the bus stop. This is not welcoming to visitors of downtown Madison and discourages people from walking in our door.

On May 23rd, an intoxicated male punched through our largest store window (directly opposite the bus stop). We are thankful he survived the incident; he was lucky. However, the jagged broken glass posed a critical safety hazard to the general public, and a financial burden on our small business.

The violent act not only was a financial setback, but also made us rethink our plan to open an outdoor cafe space. Teddywedgers as you may know has no seating, so the possibility of having outdoor seating could help increase footfall and sales to our shop.

The current location of the bus stop prevents us from being able to use the area in front of Teddywedgers in a constructive way, and the current state of the bus stop hurts our business (which has been open for 40 years), and also hurts the community.

We want what is best for our neighborhood, and for the City.

Thank you.

Karima Berkani

Date: 7-8-2015

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Nina Berkani
Address North St
Madison, WI

Agenda No. 61

Please check the appropriate boxes:

- Support
 - Oppose
 - Neither Support Nor Oppose
- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

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

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Attached written statement

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? 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 question.)

(SEE BACK)

July 8, 2015

To whom it may concern,

My name is Nina Berkani. I work at the Wisconsin Department of Transportation and I have 25 years professional experience researching and analyzing the impact of public projects on land-use, businesses, agricultural and environmental resources. I am not representing the DOT tonight; I am expressing my support of the removal of the bus stop at the top of State Street which is adjacent to Teddywedgers which is owned by my son and daughter.

Last summer, when Teddywedgers, went up for sale my son Anthony and daughter Karima did everything in their power to scrap up enough money to secure a loan to purchase Teddywedgers. Anthony had been working on his culinary degree and put that aside to run Teddywedgers because he knew it held wonderful memories for our family as well as many others over the last 40 years. The outpouring of gratitude we received when we reopened was more than we ever expected. People continue to thank us and tell us their Teddywedger stories every day.

We had to invest over \$20,000 and a month and a half worth of cleaning and remodeling just to keep it up to current health codes. We expected some of that. But what we didn't expect was the challenges of contending with the people who occupy Philosophers' Grove. We soon found out that from morning to night Teddywedgers is surrounded on **all three sides** by people who drink, do drugs, sell drugs, fight, throw things, vomit, yell, fondle themselves and others, urinate, defecate, smoke cigarettes, eat and make trash, harass customers, harass us and others and aggressively panhandle.

Reasons why the bus stop should be removed:

Demographics and mis-use of this public space - Most of the people who hang out in the bus stop and the Grove are not homeless. They have apartments and places to live. We know because we talk with them...they tell us their life stories. They arrive by foot, bus or expensive cars in the morning after liquor stores open and hang out all day. The later it gets the more disruptive they get. They congregate between the bus stop and Teddywedgers and aggressively panhandle, fight, yell, and harass people.

Since my son runs the shop by himself during the week days, they come in and harass him. They ask for water, change, to use the phone, free food, salt, pepper, to talk, to harass him while he's waiting on customers, etc. He frequently calls the police who remove the guilty party/ies but they are back on the street the next day. Teddywedger's storefront is all glass so they see him call and later harass him for calling.

Not serving the public purpose – The bus stop does not provide a shelter for people waiting for the bus. They wait outside and are often harassed. The bus stop is occupied by people who use it as a shelter to drink, smoke, sleep, recuperate and detox from drinking or drug use. The bus stop is filthy and full of cigarette butts, empty bottles and garbage which poses a public health problem.

Negative behaviour: People arrive in the morning prepared to hang out and party in Philosophers' Grove. They may have liquor, cigarettes, drugs. As they arrive at the bus stop they yell at people in the Grove. They could be happy, sad or angry, it doesn't matter. They are always yelling and yell

July 8, 2015

directly in front of TW's door, passed costumers who are trying to enter the store. They hang out near the bus stop and harrass people walking through the bottleneck that is created between TW and the bus stop. It creates a scary situation for people because they are trapped.

Negative effect on businesses – People hanging out in and around the bus stop definitely hurt our revenue opportunities. We have to spend time, that should be spent cooking and waiting on costumers, dealing with people coming in the store to harass us and our customers and calling the police. We have to try to keep them calm because they start fights with us when we ask them to leave.

People have told us they are afraid to come to our store and they feel uncomfortable having to go through the crowd. We are a family-oriented restaurant and people with children feel unsafe at the top of State.

For our first year in business, we have done well but we will do so much better when the atmosphere surrounding our store improves. We had planned on having outdoor seating but that is prohibitive with the bus stop located in the only area that might be safe enough. Outdoor seating is so important for us because we don't have indoor seating. Summer is really our prime time.

In conclusion, the bus stop should be removed because it is not serving the intended public use, it creates safety and public health issues, encourages loitering, costs taxpayer money for increased cleaning and police calls, and is costly to small business especially Teddywedgers.

We want the top of State to be a safe and inviting place for all of Madison and appreciate your help.

Sincerely,



Nina Berkani

North Street

Madison, WI

53704

Date: 7/8/2015

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Anthony Rineer
Address State St. Teddy Wedges
Madison, WI

Agenda No. G1 +
G2-39184

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

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

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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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? Yes No

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 7/8/2015

Signature 
Print Name Anthony Rineer

Date: 7/8/15 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. G.1

Name Sandi Tokildson
Address Elizabeth St
Madison WI 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

[Empty box for comments]

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(SEE BACK)

Date: 7/8/15

X

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 39182

Name Margarita Bassett
Address East Johnson
Madison WI 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

I ~~am~~ work on the 100 Block of State Street and have been riding Madison metro for over ten years. For the past few years I have seen the behavior by some individuals who loiter at this stop worsen: pan handling, loud offensive language & even physical violence. It deters potential customers from coming in and in turn affects my livelihood. As a customer of metro, I actively search out other shelters rather than use this one so as not to be harassed.

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? Yes No

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 7/8/15

Signature 
Print Name Margarita Bassett

Date: 7/8/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Ald. Mike Verwee

Address W. Doby Street

Agenda No. G.1

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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Name, address and telephone number of each person or organization you are representing:

4th Aldermanic District

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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(SEE BACK)

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Date 7/8/15 Signature 
Print Name Michael Verveer

Date: 7-8-2015

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Sammy Baxter
Address Pauling St
Madison, WI

Agenda No. 61

Please check the appropriate boxes:

- Support Removal
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
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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? 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 question.)

(SEE BACK)

To Whom it may Concern,

The bus stop shelter next to
Teddywedges at the top of State St.
is often used as a place for the
homeless to store belongings through
out the day, leave trash and is
used daily as a place to smoke and
Drink. This causes pedestrians to
cross the street because the side
walk narrows due to the bus shelter
because of this it is used as a
location to pan handle for money.
Women, including myself are often
sexually harassed. The drug dealing
and drinking that occurs in and
around the shelter hurts the
community as well as local
businesses and school groups
touring the Capital and museums.

Sincerely,

Sammy Baxter

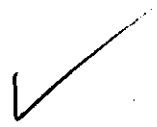
MATC Student - Human Services

Date: 7/18/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.



PLEASE PRINT CLEARLY

Name Braeela Konkel

Address 1 N Hancock St

Agenda No. 61

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

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

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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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? 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 question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 7/8/15

Signature Brenda K Koniker
Print Name BRENDA K KONIKER

Date: 7/8/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name PAUL SKIDMORE

Address RED MAPLE TRAIL

Agenda No. GT

Please check the appropriate boxes:

- Support REMOVAL OF BUS SHELTER and Wish to speak
- Oppose Do not wish to speak
- Neither Support Nor Oppose Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

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

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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Name, address and telephone number of each person or organization you are representing:

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Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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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 _____

Signature _____

Print Name _____

Date: 7-8-18

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.



PLEASE PRINT CLEARLY

Name KEN CLARY

Address STATE ST.

Agenda No. _____

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

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

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Empty box for comments related to the item on the agenda.

Name, address and telephone number of each person or organization you are representing:

Empty lines for name, address and telephone number of each person or organization represented.

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

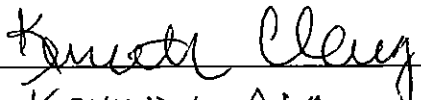
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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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 7-8-15

Signature 
Print Name KENNETH CLARY