Date: 9/14/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY
Name Alexis Therner
Agenda No Address _ Richie Rd
Verona (2) 53593
Please check the appropriate boxes:
Support and Wish to speak
Oppose Available to answer questions
Neither Support Nor Oppose
Speaking Limits: Public Hearing
Other Items3 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):
and st
Name, address and telephone number of each person or organization you are representing:
Are you being paid for your representation?
Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Date: 9/14/2016

CITY OF MADISON

Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
	Name June Goglio
Agenda No. G	(44385) Address E. Dayton St.
	53703
Please check the appr	opriate boxes:
, Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Su	pport Nor Oppose
Speaking Limits:	Public Hearing5 minutes Information Hearing3 minutes
	Other Items3 minutes
At this meeting are yo	ou 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 at below, and go on to the next question.)
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1, - / 10	ATED TO THE ITEM ON THE AGENDA (optional):
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Name, address and tel	ephone number of each person or organization you are representing:
Are you being paid for	r your representation?
	part of your other paid duties for this person or organization? Yes No '' STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

Date: 9/14/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY	
Agenda No. G. Name Jo VUKELICH Address HINTEE ROAD MADISON, WI 537	_ <u></u>
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	
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the not of whom you represent below, and go on to the next question.)	те
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):	
Name, address and telephone number of each person or organization you are representing:	•
Are you being paid for your representation?	
Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the natural organization.	ext

Date: 4/14/16

CITY OF MADISON

Registration Statement - Transit and Parking Commission

. <u> </u>	PLEAS	E PRINT CLEARLY	
Agenda No. <u>4438</u>	Name Addres	Celin A. S. W. Fa Madison V	Klehr vir Oaks Vl
Please check the appropr			•
Support Oppose Neither Supp	oort Nor Oppose	and Wish to speal Do not wish t Available to a	k to speak answer questions
. Ir	ublic Hearing nformation Hearing Other Items	3 minutes	
(If you answered "no," S	epresenting an organization or a per STOP; you need not complete the re elow, and go on to the next question	est of this form. If you answe	Yes No ered "yes," provide the name
COMMENTS RELATE	ED TO THE ITEM ON THE AG	ENDA (optional):	
Name, address and teleph	none number of each person or orga	nization you are representin	g:
Forward	Theater Compan	uj	
Resid	dent Company of	Overture B	ntev
Are you being paid for yo	our representation?		☐ Yes ∠No
	t of your other paid duties for this per top of the period		Yes No ered "yes," go on to the next

Date:9'	lH.	16	_
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CITY OF MADISON

Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY	
Name Ted DeDee	
Agenda No. 6.2. 44391 Address Comarche Way	
Agenda No. 6.2. 44391 Address Comarche Way Madison, W1 53704	
Please check the appropriate boxes:	
Support and Wish to speak	
Oppose Available to answer questions	
Neither Support Nor Oppose	,
Speaking Limits: Public Hearing5 minutes Information Hearing3 minutes	
Other Items3 minutes	
At this meeting are you representing an organization or a person other than yourself: Yes \sum \text{No} \text{No} (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the nof whom you represent below, and go on to the next question.)	ame
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):	
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	\neg
Name, address and telephone number of each person or organization you are representing:	•
Overture Center for the Arty	<u> </u>
Are you being paid for your representation?	
Are you appearing as part of your other paid duties for this person or organization? Yes No	
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the r question.)	ıext

Date:	-14-16	V
		~

CITY OF MADISON

Registration Statement – Transit and Parking Commission

	<u> </u>	PLEASE P	RINT CLEARLY		
Agenda No. 6 1		Name		Lirkle her Ave UI 53	57116
Please check the appro	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose	a		eak sh to speak to answer ques	stions
Speaking Limits:	Public Hearing Information Hearing Other Items	3	3 minutes		·
(If you answered "no,	u representing an organization " STOP; you need not comp to below, and go on to the nex	lete the rest o	n other than yourself: of this form. If you an	☐ Yes swered "yes,"	№ No provide the name
COMMENTS RELA	TED TO THE ITEM ON T	THE AGENI	DA (optional):		
Name, address and tele	ephone number of each perso	on or organiza	ation you are represer	iting:	
Are you being paid for	your representation?	_		☐ Yes	₩No
Are you appearing as p (If you answered "no," question.)	oart of your other paid duties "STOP; you need not compl	for this perso lete the rest o	on or organization? of this form. If you an	☐ Yes swered "yes,"	No go on to the next

Date: 9-14-16 V

CITY OF MADISON

Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY	
Agenda No Name Greg Frank Address Lalling Ford Cir madison 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	
At this meeting are you representing an organization or a person other than yourself: \(\sum \) Yes \(\sum \) No If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the of whom you represent below, and go on to the next question.)	e name
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):	
Name, address and telephone number of each person or organization you are representing:	·
re you being paid for your representation?	
re you appearing as part of your other paid duties for this person or organization? \(\sum \subseteq \text{Yes} \) No If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the state of the person of of the pe	'ie next