Date: 5/25/10

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

PLEASE PRINT CLEARLY						
		Name	Chris	Fortum.	د	
Agenda No	<u> </u>	Address	2118	Launono Launono	Le Way	
		, -	Mad	leson , le	<u>is</u>	
Please check the appro	opriate boxes:			53	₹7/3	
Support Oppose Neither Su	pport Nor Oppose	٤	☐ Do	sh to speak not wish to speak ailable to answer ques	tions	
Speaking Limits:	Public HearingInformation Hearing 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 RELA	ATED TO THE ITEM ON T	THE AGEN	DA (optional)):		
					<u> </u>	
	 		· 			
Name, address and tel	lephone number of each perso	on or organiz	zation you are	representing:	<u> </u>	
·						
Are you being paid fo	•			Yes	⊠No :≅1	
	part of your other paid duties "STOP; you need not comp				No go on to the next	

-		ted official or employee who is appearing solely on behalf of your office or for your municipality or ntal body? Yes No
		d "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you are that:	e being	g paid for your representation, or if your appearance is part of other paid duties, please be advised
1.		Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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3.	1	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?
	-	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at city-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date: 5-25-10

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

		PLEASE PRINT	Γ CLEARLY		
Agenda No. E	LL TRAIL	Name Address Fi	TERRY . TCHBUR	SIEL ONE C	I. I. INSP. COM
Please check the appr	opriate boxes:	CHR	. FITCHBUI	K6 1KA	ins r. Wm
Support Oppose Neither Su	pport Nor Oppose	and	Wish to spe	eak h to speak o answer ques	tions
Speaking Limits:	Public Hearing Information Hearing Other Items	3 mir	nutes		
(If you answered "no,	ou representing an organizat "STOP; you need not com at below, and go on to the no	plete the rest of th	er than yourself: is form. If you ans	XYes wered "yes,"	☐ No provide the name
COMMENTS RELA	ATED TO THE ITEM ON	THE AGENDA	optional):		
				· · ·	
Name, address and tel	lephone number of each per	son or organization	you are represent	ting:	
-					
Are you being paid for	r your representation?			☐ Yes	No No
	part of your other paid dution "STOP; you need not com			⊠ Yes wered "yes,"	☐ No go on to the next

_		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?			
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)			
If you a that:	are bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised			
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)			
Date _	5-	25-10 Signature Jerry a Sieling Print Name JERRY A. SIELVING			
		Print Name JERRY A, SIELVING			

Date: 5/25	12010
Date: ってとら	12010

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY				
Agenda No. 18554	Name Bridget Brown Address 29 E. Wilson St. # 308 Madison, WI 537.03				
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	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 T	HE AGENDA (optional):				
	Volen Drive Islands annexed				
to the North Shore Water and	the Capital City Paths. While				
squeezing onto these islands perhaps like soldiers, in a v for families with children.	the Capital City Paths. While can create a feeling of solidarity, var zone, it's not safe, especially				
ŧ					
Name, address and telephone number of each persor	or organization you are representing:				
Are you being paid for your representation?	☐ Yes ☐ No				
Are you appearing as part of your other paid duties f (If you answered "no," STOP; you need not complet question.)	For this person or organization? Yes No rete the rest of this form. If you answered "yes," go on to the next				

omplete the rest of this form, except that you must sign ext question.)		
arance is part of other paid duties, please be advised		
ou or your principal must file an authorization		
Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
\$1,000 for lobbying services in any reporting bense statements with the City Clerk for the		
com/clerk/index.html or go to the Clerk's Office at rmation.)		

Date: 5/25//0

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE	PRINT CLEARLY	
	Name	Christopher	Berge
Agenda No.	Address	CUI of	24.
	1.252.353	Madison lu	II 53703
Please check the appropriate	ooxes:		
Support		and Wish to spea	
Oppose	Non Onnogo	☐ Do not wish ☐ Available to	to speak answer questions
Neither Support	- -	5 minutes	
Inforn	Hearing	.3 minutes	
	Items		
(If you answered "no," STO	senting an organization or a person; you need not complete the result and go on to the next question.)	t of this form. If you answ	Yes No ered "yes," provide the name
	,		
COMMENTS RELATED 1	O THE ITEM ON THE AGE	NDA (optional):	
			
-			
Name, address and telephone	number of each person or organi	ization you are representing	ıg:
			
Are you being paid for your r	epresentation?		Yes No
	your other paid duties for this per eg; you need not complete the resu		Yes No No wered "yes," go on to the next

are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?					
	If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign his form. If you answered "no" to the question, go on to the next question.)				
If you are bei that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised				
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
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_	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)				
Date 5 12	25/10 Signature				
·	Print Name Christopher berge				

Date: 5-25-10

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

		PLEASE F	PRINT CLEARI	LY		
Agenda No.		Name Address	Luke 537	Batchelor-c Pawling St un, al, 53703	lark	
			Med 150	20, 21, 13, 103	·	
Please check the appro	priate boxes:			•		
Support Oppose Neither Sup	pport Nor Oppose	i	☐ Do	ish to speak o not wish to speak vailable to answer que	stions	
Speaking Limits:	Public HearingInformation HearingOther 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 RELA	TED TO THE ITEM ON T	HE AGEN	DA (optional):		
		·				
					•	
	· · · · · · · · · · · · · · · · · · ·					
Name, address and tele	ephone number of each person	n or organi	zation you are	representing:		
·						
Are you being paid for	your representation?			Yes	ONK	
Are you appearing as partial (If you answered "no, question.)	part of your other paid duties "STOP; you need not compl	for this per lete the rest	son or organize of this form. I	ation?	☑ No " go on to the next	

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)
Date		
		Print Name

Date:	5	125	10	
	$\overline{}$			

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

		PLEASE PR	INT CLEARLY		
Agenda No. E				+ AMANDA WHITE	- Bike Fed
			106 E. DOTT S		
DI 1 1 (1			MADICON, WI	77.10	
Please check the appr	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose	and	Do not wi	peak ish to speak to answer questions	3
Speaking Limits:	Public HearingInformation HearingOther Items	3 n	ninutes	,	
(If you answered "no,	ou representing an organization of STOP; you need not compute below, and go on to the nex	lete the rest of	other than yourself this form. If you ar	Yes nswered "yes," prov] No vide the name
COMMENTS RELA	ATED TO THE ITEM ON T	THE AGEND.	A (optional):		
	SEE ATTACHED				
					·
	· ·				
<u></u>					
		-			
Name, address and tel	lephone number of each person	on or organizat	ion you are represe	enting:	
BICYCLE FEDER	ATION OF WISCOUSIN,	106 E. Da	TY ST STE 400	53703; 608-1	51.4456
				_	
Are you being paid fo	r your representation?			☐ Yes ☐] No
	part of your other paid duties " STOP; you need not comp] No on to the next

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
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. –	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

		PLEASE PRINT	CLEARLY		
Agenda No & .)	15.16 E.1	Name Address	y Wi	uklea	
Please check the appro	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose	and	Wish to sp Do not wis Available	eak sh to speak to answer questio	ns
Speaking Limits:	Public Hearing Information Hearing Other Items	3 minu	ıtes		
(If you answered "no,	ou representing an organizati "STOP; you need not comp at below, and go on to the ne	plete the rest of this			☐ No ovide the name
COMMENTS RELA	ATED TO THE ITEM ON	THE AGENDA (0	optional):		
	lephone number of each pers		you are represer	nting:	
Are you being paid for	•	 · · · · · · · · · · · · · · · · · · 		☐ Yes	140
	part of your other paid dutie "STOP; you need not comp			☐ Yes [swered "yes," go	M No on to the next

	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or her governmental body?					
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)					
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)					
Date	Signature Jawrence Musks Print Name JA 1811 (1) To 1 10 1/180					

Date:	 	

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

			PRINT CLI			
17 6	-tu	Name	Par	TONAHA 53705	eigh	
Agenda No. () 55		Address	5017	8 TONAHA	WK	<u> </u>
				53705	<u>.</u>	
Please check the appropria	ite boxes:				-	
Support Oppose Neither Suppo	ort Nor Oppose		and	Wish to speak Do not wish to Available to ar		tions
Inf	blic Hearing ormation Hearingher Items		3 minutes			
At this meeting are you rep (If you answered "no," SI of whom you represent bel	TOP; you need not comple	ete the rest	of this for			
COMMENTS RELATED	D TO THE ITEM ON T	HE AGEN	√DA (opti	onal):		
COMMENTS RELATED	jeminule intr	er ch.	ANGE			
						•
				a		
Name, address and telepho	one number of each person	n or organi	zation you	are representing	ζ:	
				 		
			•			
	·					
Are you being paid for you	ur representation?				Yes	☐ No
Are you appearing as part (If you answered "no," ST question.)					☐ Yes red "yes,"	No go on to the next

(SEE BACK)

	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or her governmental body?					
	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)					
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Date	Signature					
	Print Name					

Date: 25 MAY 2010

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
-21	Name HANS NOBLDNER
Agenda No.	Address 133 Wo LINCOLN ST-
	OREGON WL- 53575
Please check the appro	opriate boxes:
Support Oppose Neither Su	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits:	Public Hearing
(If you answered "no,	ou representing an organization or a person other than yourself: Yes 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.)
COMMENTS RELA	ATED TO THE ITEM ON THE AGENDA (optional):
SUFP	ORT FOR PERPY ST- OVER PASS
COVER	- BELILIE)
Name, address and tel	ephone number of each person or organization you are representing:
Are you being paid fo	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

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Date _		Signature
		Print Name

Date:	5	25	10	

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

	PI	LEASE PRINT CLEAR	RLY	
Agenda No		lame Jay Fer	m	
Agenua 110.	A	Madisa	Hermina St. m, W1 53704	
Please check the appropr			·	
Support Oppose Neither Supp	port Nor Oppose	ַּקַ	Vish to speak Oo not wish to speak Available to answer ques	tions
I	Public Hearing Information Hearing Other Items	3 minutes		
(If you answered "no,"	representing an organization or STOP; you need not complete below, and go on to the next qu	the rest of this form.		☐ No provide the name
See attacked	ED TO THE ITEM ON THE	E AGENDA (optiona		
Name, address and telep	shone number of each person or	r organization you are	e representing:	
				
Are you being paid for y	our representation?		Yes	₽ No
	rt of your other paid duties for STOP; you need not complete			INO go on to the next

_		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
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Date		Signature
		Print Name