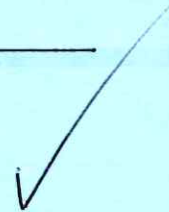


Date: _____

CITY OF MADISON

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Gloria Jaskiewicz

Address 1467 Monroe

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):

I agreed that the bus stop by Monroe & the Public Library is important and also the bus stop directly across from west is very important to me

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

608-251-3180

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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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 _____

Signature _____

Print Name _____

Date: 7/12/2017

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.



PLEASE PRINT CLEARLY

Name BOB + PIXIE FOUZES
Address 2804 MONROE ST
MADISON WI 53711

Agenda No. Public Hearing

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):

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

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Date _____

Signature _____

Print Name _____

Date: 07/12/17

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.



PLEASE PRINT CLEARLY

Agenda No. J.1.

Name Yvonne Schwinge
Address 115 S. Franklin St #207
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

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 lines 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

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Date _____

Signature _____

Print Name _____

Date: 7-12-17

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name KATHERINE WESENBERG
Address 1315 Chandler St.
Madison, WI
53715

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):

I oppose The Reduction of stops
on Monroe St.

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

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Date _____

Signature _____

Print Name _____

Date: 7/12/17

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. _____

Name RODGE WILLIAMS
Address 2206 WEST LAWN AVE
MADISON 53711

Please check the appropriate boxes:

- Support PARTIALLY
- 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):

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

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Date _____

Signature _____

Print Name _____

Date: 7/12/2017

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.



PLEASE PRINT CLEARLY

Name LIAM GARNER
Address 218 ADAMS ST
MADISON, WI 53711

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):

LIBRARY STOP IS A GREAT LOCATION.

PROPOSED BREEZE TERRACE CONFLICTS WITH
BIKERS WHO DO NOT STOP FOR ANYONE (CARS
BUS, DR PEOPLE)

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

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Date _____

Signature _____

Print Name _____

Date: 7-11-17

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.



PLEASE PRINT CLEARLY

Name John Gulerserian

Address 8 S. Breese Ter.

Madison, WI 53711

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):

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

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Date _____

Signature _____

Print Name _____

Date: July 12th 2017

CITY OF MADISON

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. Report about changes upon Monroe street

Name Marlene Fiske
Address 61 SOUTH FAIRBANKS AVENUE
MADISON WISCONSIN, 53714
608-245-1441

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):

I would like to know about the changes to the metro routes so I will know what to expect

Name, address and telephone number of each person or organization you are representing:
Person who rides the bus, and a concerned citizen

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

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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 July 12, 2017

Signature

Miss Marlene Fiske

Print Name

Marlene Fiske

Date: _____ ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Al Nettleton
Address 645 Sheldon St
Madison WI 53711

Agenda No. J

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):

1. Concerned about not having an outbound stop at Beltzell.

2. Concerned about moving inbound stop from Laurel Tavern to Wingra Park. Need Shelter.

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

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Date _____

Signature _____

Print Name _____

Date: 7/12/17

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. pub. hearing

Name Janice A. Steinberg
Address 1682 Monroe St. Apt. A
Madison, WI 53711

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):

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

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Date _____

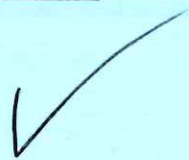
Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. J-1

Name Angela Thorp
Address 2933 Monroe Street

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):

Oppose reduction of stops and some of the proposed stop location

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

Self
233-1239

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

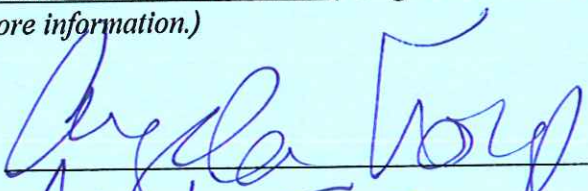
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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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 7/12/2017 Signature 
Print Name Angela Thompson