Date:	1	710	<u> 2111</u>
	-	****	Karan.

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
9'7	Name Manda Municipal Address Maddress Maddress
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 (If you answered "no," STOP; you need not complet of whom you represent below, and go on to the next q	e the rest of this form. If you answered "yes," provide the name
COMMENTS RELATED TO THE ITEM ON TH	E AGENDA (optional):
More bile furling	in zarajes
Name, address and telephone number of each person	or organization you are representing:
bright Federatu	4 W
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties for	or this person or organization? Yes No le the rest of this form. If you answered "yes," go on to the next

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 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 this form. If you answered "no" to the question, go on to the next question.)				
If you that:	are bei	ng 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.			
	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?			
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)			
Date	1	26 201 Signature Chrande Mate			
-	<u>.</u>	Print Name Umanda Mode			

Date:	7-	2	6-	Contraction,	

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY	
Agenda No	Name Mary Carbins Address 122 W. Washing to AV Madison VII. 53703	
Please check the appro	opriate boxes:	
☐ Support ☐ Oppose ☐ Neither Sup	and Wish to speak Do not wish to speak Available to answer questions	
Speaking Limits:	Public Hearing	
(If you answered "no,	u 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 t below, and go on to the next question.)	
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional): What's on Central BIN 122 W. Washington Aug #258 Madison, WI 53703 512-1340		
Name, address and tele	ephone number of each person or organization you are representing:	
(If you answered "no,	r your representation?	
question.)		

REGISTRATION STATEMENT - PAGE 2

		lected official or en nental body?	nployee who is appearin	ng solely on behalf of your office or for your municipality or Yes \(\bigvee \) No	
			uestion, STOP. You need to the question, go on to	l not complete the rest of this form, except that you must sign the next question.)	
If you that:	ı are be	ing paid for your	representation, or if you	r appearance is part of other paid duties, please be advised	
	1.	Before you enga with the City Clo	- -	yist, you or your principal must file an authorization	
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
	3.	If your principal period (half year remainder of the	r), the principal must t	re than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the	
			s website <u>www.cityofinc</u> uilding, Madison, for mo	<u>idison.com/clerk/index.html</u> or go to the Clerk's Office at re information.)	
Date	7-	25-11	Signature	Mary Cartin	
			Print Name	(May Cabine	

Date:		

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

			PRINT CLEARL		
Agenda No	2	Name Address	5qn 1214 8 Madis	dra Tar Lizbet	-Kildson 94 53103
Please check the approp	oriate boxes:				
SupportOppose✓ Neither Sup	port Nor Oppose		☐ Do	sh to speak not wish to spe ailable to answe	
	Public HearingInformation Hearing Other Items		.3 minutes		
(If you answered "no,"	representing an organization STOP; you need not complete below, and go on to the next	lete the resi	t of this form. If	ourself: you answered	Yes \[\] No "yes," provide the name
COMMENTS RELAT	TED TO THE ITEM ON T	THE AGE	NDA (optional)):	
					,
Name, address and tele	phone number of each perso				
	Greater	Stu	t- 51	Busines	·5 /153cc
		· ma Pa			
Are you being paid for	your representation?	*******			Yes No
Are you appearing as pa (If you answered "no," question.)	art of your other paid duties STOP; you need not comp	for this per lete the res	rson or organiza t of this form. If	tion? fyou answered	Yes No "yes," go on to the next

REGISTRATION STATEMENT - PAGE 2

	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 you answered "no" to the question, go on to the next question.)
If you are that:	being 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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	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