Date: <u>5-22-2012</u>

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

PLEASE PRINT CLEARLY	(,,, ~ (
Agenda No E, 1. Name \(\text{Unandh} \) Address \(\frac{\psi \text{V}}{\text{Nadls} \text{V}} \)	Muk Nain St. n. W53705		
Please check the appropriate boxes:	·		
	eak sh to speak 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 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 represent the surface of the surface	151 44576 XI		
Are you being paid for your representation?	Yes No		
Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you are question.)	Yes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other 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 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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 9-30/2

Signature

Print Name

Date:	5-22-2012

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

	<u> </u>	PLEASE F	PRINT CLEARLY		
Agenda No. <u>É</u>	£11	Name Address	Tavis !, 617 Clear S Morons W	pring C	7 716
Please check the appro	opriate boxes:				
☐ Support ☐ Oppose ☐ Neither Su	pport Nor Oppose	:	and 🗡 Wish to spe Do not wish Available to		tions
Speaking Limits:	Public HearingInformation HearingOther Items		3 minutes		
(If you answered "no,	ou representing an organization "STOP; you need not complete below, and go on to the next	ete the rest	on other than yourself: of this form. If you ans	☐ Yes wered "yes,"	No provide the name
COMMENTS RELA	TED TO THE ITEM ON T	HE AGEN	DA (optional):		
-					
				· · · · · · · · · · · · · · · · · · ·	
Name, address and tele	ephone number of each person	n or organiz	zation you are represent	ing:	
Are you being paid for	your representation?			Yes	□No
	part of your other paid duties to "STOP; you need not comple			☐ Yes wered "yes,"	☐ No go on to the next

	ALGIGITATION OF THE STATE OF TH				
Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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				
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)					
Date 5/	Signature Print Name $T_{av.'s}$ Y_{ovman}				

Date: 5 - 22 - 12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

		PLEASE	PRINT CLEARLY		
Agenda No E -)			Pudelu vest sh	it for
			- Mg13	son	<u> </u>
Please check the appro	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose		and Wish Do n Avai	n to speak ot wish to speak lable to answer ques	stions
Speaking Limits:	Public HearingInformation HearingOther Items	• • • • • • • • • • • • • • • • • • • •	3 minutes		
(If you answered "no,	u representing an organization "STOP; you need not complet t below, and go on to the next o	te the rest	of this form. If y		☑ No provide the name
COMMENTS RELA	TED TO THE ITEM ON TH	HE AGEN	NDA (optional):		
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Name, address and tele	ephone number of each person	or organi	zation you are rep	presenting:	
Are you being paid for	your representation?			☐ Yes	No No No
	part of your other paid duties for STOP; you need not complet				☐ No go on to the next

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you this for	answer rm. If yo	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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(Pleas Room	e go to 103 of t	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
		Print Name

Date:	
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CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
Agenda NoE	Name Fed VIII (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	Modreau W
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,	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 RELA	TED TO THE ITEM ON THE AGENDA (optional):
The state of the s	72015
	
Name, address and tele	ephone number of each person or organization you are representing:
Are you being paid for	your representation? Yes No
	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

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
(If you answer this form. If y	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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(Please go to Room 103 of	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
	Print Name

Date: May 22, 2062

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

1		PLEASE PRI	NT CLEARLY)	
		Name 4	a tall	reiev	
Agenda No. <u>E</u>	1	1	90 0061	$\overline{\mathcal{C}}$	01)
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· (clos G1+G2	arready decided;	-4	Madis	my WL	5370/
Please check the appro	opriate boxes:				
🖄 Support		and	l Wish to sp	peak	
Oppose				ish to speak	
	pport Nor Oppose		∐ Available	to answer quest	ions
Speaking Limits:	Public Hearing	5 m	ninutes		
	Information Hearing				
	Other Items				r=1
	u representing an organization "STOP; you need not compl				∐ No
	t below, and go on to the next	-	mis jorm. 15 you an	iswerea yes, p	noviue ine nume
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COMMENTS RELA	ATED TO THE ITEM ON T	1 //	- /		1
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co presz	consly listed par	n frem 50	sch drin fle Illrind Over	where and	posed!
Name, address and tele	ephone number of each person	n or organizati	on you are represed	nting:	
	Wich IP		, ,		-
410	14 1 01				
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	·				
Are you being paid for	your representation?			Yes	No
	part of your other paid duties			Yes	≥ No
· - •	" STOP; you need not comple	ete the rest of t	this form. If you an	ıswered "yes," {	go on to the next
question.)					

Are you an el other governr	lected official or employee who nental body?	o is appearir	ng solely on behalf of yo	ur office or for you	ur municipality or
(If you answe this form. If y	red "yes" to the question, STO you answered "no" to the quest	OP. You need tion, go on to	d not complete the rest of the next question.)	f this form, except i	that you must sign
If you are be that:	ing paid for your representation	on, or if you	nr appearance is part of	other paid duties,	please be advised
1.	Before you engage in lobbyi with the City Clerk.	ing as a lobb	oyist, you or your princip	oal must file an aut	horization
2.	Your principal is not permit City Clerk.	tted to autho	orize you to lobby unless	s you are registere	d with the
3.	If your principal spends or v period (half year), the princ remainder of the calendar ye	icipal must	re than \$1,000 for lobby file expense statements	ing services in any with the City Cle	reporting rk for the
(Please go t Room 103 of	o the City Clerk's website <u>w</u> the City-County Building, Mad	vww.cityofmo dison, for mo	adison.com/clerk/index.h ore information.)	<u>tml</u> or go to the	Clerk's Office at
Date	Sig	gnature			
	Pri	int Name			

Date: 5/27/12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
Agenda No.	Name Jill Arnguete Address 762 Pflaum Rd Madison W153704
Please check the appropriate boxes:	,
Support Oppose Neither Support Nor Op	and Wish to speak Do not wish to speak Available to answer questions
Information Hea	ring
	organization or a person other than yourself: Yes No No not complete the rest of this form. If you answered "yes," provide the name to the next question.)
COMMENTS RELATED TO THE IT	TEM ON THE AGENDA (optional):
Resource Team & Far removed. Inave easy acce who bus & bike path.	y the Owl Creek Neighborhood SH51 EIS project. This neighborhood from the city. Besidents do not so to existing fransit modes such s Lama nurse at Latollette HS & believer
Name, address and telephone number of	each person or organization you are representing:
Are you being paid for your representation	on? Yes X No
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)	paid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next

	REGISTRATION STATEMENT - PAGE 2		
Are you an eleother governme	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
(If you answere this form. If yo	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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Date5	1/22/17 Signature Jul Arnquete Print Name Jul Arnquete		

Date: $\frac{5/22/13}{}$

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY			
Agenda No £.	Name $+im$ ωdn_e Address $ 6 $ $j = ch son$ $M \leq N \leq 3704$			
Please check the appropriate 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,	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 RELA	TED TO THE ITEM ON THE AGENDA (optional):			
i) elimin	ak flying right at John Nolen (Winson			
2) one way signs on Missing link				
3) consider having MPD adopt an Idaho law enforcements 4) make bicycle boulevards real bicycle boulevards Porp				
9) viene oregete sourceards real pregete populational				
Name, address and tele	ephone number of each person or organization you are representing:			
Are you being paid for	your representation?			
	part of your other paid duties for this person or organization? Yes No Yes 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	