

Date: 7-9-13

**City of Madison**  
**Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE**

Please Print

Agenda No. <u>5A</u> <u>Overview of TIF</u>
--

Name Sue Pastor  
Address 2502 green ridge dr  
Madison WI 53704

Please check the appropriate boxes:

☐ **Support**  
☐ Wish to speak  
☐ Do not wish to speak  
☐ Available to answer questions

☒ **Oppose changes to policy**  
☒ Wish to speak  
☐ Do not wish to speak  
☐ Available to answer questions

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," go on to the next question.)

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

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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.)

Speaking Limits: Public Hearing.....3 minutes  
Information Hearing.....3 minutes  
Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? ☐ Yes ☐ No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ Yes ☐ No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? ☐ Yes ☐ No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 7/9/13

**City of Madison**  
**Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE**

Please Print

Agenda No. 5 B

Name TS MARTZ  
Address 1210 GILSON  
MADISON WI, 53715

Please check the appropriate boxes:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input checked="" type="checkbox"/> <b>Oppose</b>      |
| <input checked="" type="checkbox"/> Wish to speak      | <input checked="" type="checkbox"/> Wish to speak      |
| <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak          |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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," go on to the next question.)

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

1210 GILSON ST, MADISON WI

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.)

Speaking Limits: Public Hearing.....3 minutes  
Information Hearing.....3 minutes  
Other Items.....3 minutes

(See Back)

**Registration Statement - Page 2**

Are you an elected official 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.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ Yes ☐ No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? ☐ Yes ☐ No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 2 Jul 13

**City of Madison**  
**Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE**

Please Print

Agenda No. <u>TIF Policy</u>
------------------------------

Name Dave Carrig  
Address 645 Skyview Pl #10

Please check the appropriate boxes:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input checked="" type="checkbox"/> <b>Oppose</b>      |
| <input type="checkbox"/> Wish to speak                 | <input checked="" type="checkbox"/> Wish to speak      |
| <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak          |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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," go on to the next question.)

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.)

Speaking Limits: Public Hearing.....3 minutes  
Information Hearing.....3 minutes  
Other Items.....3 minutes

(See Back)

**Registration Statement - Page 2**

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

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If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? ☐ Yes ☐ No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ Yes ☐ No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? ☐ Yes ☐ No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_

**City of Madison**  
**Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE**

Please Print

Agenda No. <u>TIF policy</u>
------------------------------

Name Carole Schaeffer  
Address 282 Alpine Meadow Cir  
Scuyon WI 53575

Please check the appropriate boxes:

☒ **Support**  
☒ Wish to speak  
☐ Do not wish to speak  
☐ Available to answer questions

☐ **Oppose**  
☐ Wish to speak  
☐ Do not wish to speak  
☐ Available to answer questions

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," go on to the next question.)

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

Smart Growth  
701 E Wash Ave St 107  
Madison WI 53703 608-6005

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.)

Speaking Limits: Public Hearing.....3 minutes  
Information Hearing.....3 minutes  
Other Items.....3 minutes

(See Back)

## Registration Statement - Page 2

Are you an elected official 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.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? ☐ Yes ☐ No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ Yes ☐ No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? ☐ Yes ☐ No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 9 July 17

**City of Madison**  
**Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE**

Please Print

Agenda No. <u>3</u>
---------------------

Name Gary Peterson  
Address 410 Parmer Tr

Please check the appropriate boxes:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>     | <input type="checkbox"/> <b>Oppose</b>                 |
| <input checked="" type="checkbox"/> Wish to speak      | <input type="checkbox"/> Wish to speak                 |
| <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak          |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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," go on to the next question.)

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.)

Speaking Limits: Public Hearing.....3 minutes  
Information Hearing.....3 minutes  
Other Items.....3 minutes

(See Back)



**Registration Statement - Page 2**

Are you an elected official 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.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ Yes ☐ No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? ☐ Yes ☐ No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 7/9/13

**City of Madison  
Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE**

Please Print

Agenda No. 5

Name Phil Salkin  
Address 944 Autumn Woods Ln

Please check the appropriate boxes:



**Support**

- ☒ Wish to speak  
☐ Do not wish to speak  
☐ Available to answer questions



**Oppose**

- ☐ Wish to speak  
☐ Do not wish to speak  
☐ Available to answer questions

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," go on to the next question.)

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

RASCW  
4801 Forest Run Rd  
Madison, WI 53704

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.)

Speaking Limits: Public Hearing.....3 minutes  
Information Hearing.....3 minutes  
Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

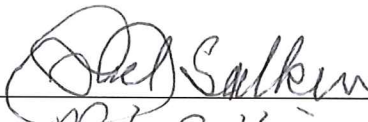
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? ☒ Yes ☐ No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☒ Yes ☐ No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? ☒ Yes ☐ No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date 7/9/23

Signature

Print Name

  
Phil Salkin

Date: 7-9-13

**City of Madison  
Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE**

Please Print

Agenda No. 5

Name Joe Bouck  
Address 6318 LANDFALL  
MADISON WI

Please check the appropriate boxes:

☒

**Support**

- ☒ Wish to speak
- ☐ Do not wish to speak
- ☒ Available to answer questions

☐

**Oppose**

- ☐ Wish to speak
- ☐ Do not wish to speak
- ☐ Available to answer questions

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," go on to the next question.)

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.)

Speaking Limits:      Public Hearing.....3 minutes  
                                 Information Hearing.....3 minutes  
                                 Other Items.....3 minutes

(See Back)

## Registration Statement - Page 2

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

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*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 7-9-13

**City of Madison**  
**Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE**

Please Print

Agenda No. <u>5</u>
---------------------

Name Susan Schnitz  
Address 210 Marinette Tr.

Please check the appropriate boxes:

☒ **Support**  
☒ Wish to speak  
☐ Do not wish to speak  
☒ Available to answer questions

☐ **Oppose**  
☐ Wish to speak  
☐ Do not wish to speak  
☐ Available to answer questions

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," go on to the next question.)

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

DMI  
122 W. Wash.

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.)

Speaking Limits: Public Hearing.....3 minutes  
Information Hearing.....3 minutes  
Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date

7-9-13

Signature

Susan Schmidt

Print Name

Date: 7/9/13

**City of Madison**  
**Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE**

Please Print

Agenda No. <u>30299</u> <u>TIF Review</u>
--

Name Thomas Kozlovsky  
Address 1139 Oak Grove Ave  
MADISON, WI 53705

Please check the appropriate boxes:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input checked="" type="checkbox"/> <b>Oppose</b>      |
| <input type="checkbox"/> Wish to speak                 | <input checked="" type="checkbox"/> Wish to speak      |
| <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak          |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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," go on to the next question.)

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

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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.)

Speaking Limits: Public Hearing.....3 minutes  
Information Hearing.....3 minutes  
Other Items.....3 minutes

(See Back)

**Registration Statement - Page 2**

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

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If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 7/9/13

**City of Madison**  
**Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE**

Please Print

Agenda No. 5

Name EDWARD KUCHARSKI  
Address \_\_\_\_\_  
\_\_\_\_\_

Please check the appropriate boxes:

<input type="checkbox"/>	<b>Support</b>	<input type="checkbox"/>	<b>Oppose</b>
<input checked="" type="checkbox"/>	Wish to speak	<input checked="" type="checkbox"/>	Wish to speak
<input type="checkbox"/>	Do not wish to speak	<input type="checkbox"/>	Do not wish to speak
<input type="checkbox"/>	Available to answer questions	<input type="checkbox"/>	Available to answer questions

*NGITASK*

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," go on to the next question.)

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.)

Speaking Limits: Public Hearing.....3 minutes  
Information Hearing.....3 minutes  
Other Items.....3 minutes

(See Back)



**Registration Statement - Page 2**

Are you an elected official 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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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 7/9/13

**City of Madison**  
**Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE**

Please Print

Agenda No. TIF policy

Name

Jelora Newton

Address

1415 E Washington Ave  
Madison WI 53703

Please check the appropriate boxes:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>Support</b>     | <input type="checkbox"/> <b>Oppose</b>                 |
| <input checked="" type="checkbox"/> Wish to speak      | <input type="checkbox"/> Wish to speak                 |
| <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak          |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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," go on to the next question.)

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

Greater Madison Chamber

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.)

Speaking Limits: Public Hearing.....3 minutes  
Information Hearing.....3 minutes  
Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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

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3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? ☒ Yes ☐ No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date 1/9/13

Signature

Print Name

  
Jelora Newton

Date: 7-9-13

**City of Madison**  
**Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE**

Please Print

**Agenda No.** \_\_\_\_\_

Name Marsha Rummel  
Address \_\_\_\_\_  
\_\_\_\_\_

Please check the appropriate boxes:

☐ **Support**  
☒ Wish to speak  
☐ Do not wish to speak  
☐ Available to answer questions

☐ **Oppose**  
☒ Wish to speak  
☐ Do not wish to speak  
☐ Available to answer questions

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," go on to the next question.)

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

Are you being paid for your representation? ☐ Yes ☐ No

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Speaking Limits:      Public Hearing.....3 minutes  
                                 Information Hearing.....3 minutes  
                                 Other Items.....3 minutes

(See Back)

## Registration Statement - Page 2

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*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 7-9-13

**City of Madison**  
**Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE**

Please Print

Agenda No. \_\_\_\_\_

Name James Meicher  
Address S. SToughton RD  
MADISON, WI

Please check the appropriate boxes:

- |   |  |
|---|--|
| <p><input checked="" type="checkbox"/> <b>Support</b></p> <p><input type="checkbox"/> Wish to speak</p> <p><input checked="" type="checkbox"/> Do not wish to speak</p> <p><input type="checkbox"/> Available to answer questions</p> | <p><input type="checkbox"/> <b>Oppose</b></p> <p><input type="checkbox"/> Wish to speak</p> <p><input type="checkbox"/> Do not wish to speak</p> <p><input type="checkbox"/> Available to answer questions</p> |
|---|--|

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No  
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(See Back)

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 7-9-13

**City of Madison**  
**Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE**

Please Print

Agenda No. \_\_\_\_\_

Name

Rod Meyer

Address

1438 N. Stoughton Rd  
Mad - WI

Please check the appropriate boxes:

☐

**Support**

☐

Wish to speak

☒

Do not wish to speak

☐

Available to answer questions

☐

**Oppose**

☐

Wish to speak

☐

Do not wish to speak

☐

Available to answer questions

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Other Items.....3 minutes

(See Back)

**Registration Statement - Page 2**

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Date: 7-9-13

**City of Madison**  
**Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE**

Please Print

Agenda No. \_\_\_\_\_

Name

Corey McGovern

Address

1438 N Staughton Rd  
Madison WI 53714

Please check the appropriate boxes:

- |  |  |
|--|--|
| <p><input type="checkbox"/> <b>Support</b></p> <p><input type="checkbox"/> Wish to speak</p> <p><input checked="" type="checkbox"/> Do not wish to speak</p> <p><input type="checkbox"/> Available to answer questions</p> | <p><input type="checkbox"/> <b>Oppose</b></p> <p><input type="checkbox"/> Wish to speak</p> <p><input type="checkbox"/> Do not wish to speak</p> <p><input type="checkbox"/> Available to answer questions</p> |
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Print Name \_\_\_\_\_

Date: \_\_\_\_\_

**City of Madison**  
**Registration Statement – TIF POLICY REVIEW AD HOC COMMITTEE**

Please Print

Agenda No. \_\_\_\_\_

Name Dave Branson  
Address 770 S. Gammor  
Madison, WI

Please check the appropriate boxes:

<input checked="" type="checkbox"/> <b>Support</b> <input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions	<input type="checkbox"/> <b>Oppose</b> <input type="checkbox"/> Wish to speak <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

July 9, 2013

Joe Boucher testimony before the Madison City Council's TIF Subcommittee.

I am currently the Chair of the City of Madison's Economic Development Committee having been elected for this role 2 years ago after having joined the committee in 2008.

I moved to Madison in the fall of 1974 to attend graduate school and did not leave. My wife and I have been City home owners since June 1978. I have a JD from the UW in 1977, an MBA in finance from the UW in 1978, and was licensed as a Wisconsin CPA in 1982.

In my private business life I am a founding partner of the Madison business law firm of Neider & Boucher. In my private practice we work extensively on financing-debt and equity.

I also a Senior Lecturer teaching business law at the UW Madison School of Business since 1980.

My personal mission as a member of the EDC is to promote the City's responsible growth to enable its continuing to prosperity.

The EDC undertook the task of reviewing the City's TIF policy which had most recently been updated in 2008. We formed a subcommittee which had many public meetings. We prepared a report which was considered and approved by the whole EDC committee on February 20, 2013. A copy of that report is attached to this memo.

That report modifies the existing TIF policy in several key ways.

They are:

1. Modify the process to expedite the decision making to get to a quicker result for all parties.
2. Enhance the creation of new TIDs to facilitate a new project when it does not fall within an existing TID.
3. Recommend that the EDC staff project budgetary funding pipeline projects.
4. Recommend preparing a map of Targeted Development Areas (TDAs) to encourage development in these areas.
5. Monitor annually the state of TIF funding by updating the report of September 2012 prepared by the City's Economic Development Department listing the statistics of TIF in Madison.
6. Acknowledge that each project must meet the "But For" test to proceed. That is, TIF financing is not available unless the project will not proceed



“But For” the use of TIF. But at the same time the financial net worth of the developer/originator of the project is not relevant in determining this matter.

7. The developer/originator is not required to personally guaranty the project but there must be a guaranty to the extent of the increment.
8. Encourage the review of all of the different forms of City funding TIF loans including pay as you go.

These suggested changes are needed because the City has fallen behind its neighbors and other municipalities in TIF use. The reason appears to be that the City's current TIF policies are overly restrictive. So projects that might be built in Madison move to adjacent municipalities. Dane County benefits but the City does not directly do so.

Evidence of this is highlighted the September 19, 2012 Department of Planning & Community & Economic Development Report. Copy Attached.

Note:

1. Slide 2 The City's share of equalized assessed value is down since 1975 from 52% to 43%.
2. Slide 3 The City's share of Commercial assessed value is down from 1975 from 71% to 43%
3. Slide 4 The City's share of Manufacturing assessed value is down from 1975 from 61% to 33%.
4. Slide 5 shows that the decline is not caused by appreciation of other areas relative to the City.
5. Slide 6 shows that the reason is that the City has less net new construction.
6. Slide 12 shows that the City must have more projects to grow to keep up as its beginning base is much higher.
7. Slide 16 shows that the City's relative use of TIF has declined.
8. Slide 20 shows the City's current TIF policy has been successful by some measures.

The EDC seeing these statistics and trends made the suggestions above to enhance the City's competitiveness and flexibility in TIF.

The EDC knows full well that not all projects will or can be built within its jurisdiction but wishes to maintain its ability to compete. In the end, if the City can compete with other municipalities the City will get its fair share of the projects. The key is a competitive and flexible TIF policy.