Date:	8-15

## Registration Statement – Transit and Parking Commission

	You must register before	e the Commiss	ion considers your	item.	1/
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	part of your other paid duties f " STOP; you need not comple			Yes No swered "yes," go on t	

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Are you an elected official of other governmental body?	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?				
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2. Your princip City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
period (half	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 7-8-15	Signature Sulvan John	th			
	Print Name				

Date: \_7/\_

#### **CITY OF MADISON**

### Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

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Agenda No. 4-	Name FREW WOHS Address WISGEN 5cm 537	103
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Name, address and tel	ephone number of each person or organization you are representing:	—
Are you being paid for	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 n	ext

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Date:	- /	<b>!</b> ~ ,	14 -	17	
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### Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
Agenda No G - /	Name Greg Frank  Address _ Lalling Fund Cir  mad 5371>
Please check the approp	riate boxes:
Support Oppose Neither Supp	and Wish to speak  Do not wish to speak  Available to answer questions
I	Public Hearing
(If you answered "no,"	representing an organization or a person other than yourself: Yes Most No STOP; you need not complete the rest of this form. If you answered "yes," provide the name nelow, and go on to the next question.)
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	t 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

Date:	8501	15	Px
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## Registration Statement – Transit and Parking Commission

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Agenda No	Address $\frac{4 \text{ p/e}}{\text{Mod Ch}}$
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Speaking Limits:	Public Hearing
(If you answered "no of whom you represe	you representing an organization or a person other than yourself: Yes No o, "STOP; you need not complete the rest of this form. If you answered "yes," provide the name and below, and go on to the next question.)
COMMENTS REL	ATED TO THE ITEM ON THE AGENDA (optional):
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Are you an ele	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  Yes  No
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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?
Room 103 of th	the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date 0	Signature Print Name    Tich 4 = 1

Date: 7/8/15

#### **CITY OF MADISON**

## Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY
Agenda No. 39182 Name Struc Weber  Address I. Wilson
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
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:
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Are you being paid for your representation?
Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next auestion.)

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality of the governmental body?				
	(If you answered "yes" to the question, <b>STOP.</b> 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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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)			
Date	7/8	Signature			

Print Name

Date: July 8, 2015

#### **CITY OF MADISON**

### Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY KARIMA
Agenda No. G2-39184  Address  Name (Vina) Berkani  Address  North St
Madism, WI
Please check the appropriate boxes:
Support — Removal and Wish to speak Oppose Neither Support Nor Oppose  Available 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):
Support removal of the bus stop because it is not serving the intended public use perpose, it poses safety issues & public health issues and is detrimental to business at the top of State,
Name, address and telephone number of each person or organization you are representing:  Karıma Berkam' - part owner & Teddy wedgers
<u>.                                    </u>
Are you being paid for your representation?
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.)

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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 the City-County Building, Madison, for more information.)	at
Date <u>7-8</u>	Print Name Nina Rerkani	

To Whom It May Concern,

My name is Karima Berkani, my brother Antony Rineer and I own Teddywedgers, located at 101 State Street. The bus shelter located at West Mifflin & State Street is just a sidewalk away from our all-glass store front.

Having grown up in Madison, and now owning Teddywedgers, we have a vested interest in the future of the city, and particularly in downtown. Safety is our primary concern, for our customers, for the general public, and for us as well.

Over the course of the last year that we have operated our business six (6) short feet away from the bus stop, it has become clear to us that the bus stop is a safety issue. It is commonplace to see people drinking alcohol in the bus station, smoking cigarettes in the bus stop, having verbal and at time physical altercations in the bus stop. Often, those who are waiting for the bus are displaced by loiterers and are forced to wait next to the bus stop for their ride.

The bus stop is not serving its functional public purpose in its current location. Police presence is a daily requirement. Passersby are often verbally harassed by people loitering in and around the bus stop. This is not welcoming to visitors of downtown Madison and discourages people from walking in our door.

On May 23rd, an intoxicated male punched through our largest store window (directly opposite the bus stop). We are thankful he survived the incident; he was lucky. However, the jagged broken glass posed a critical safety hazard to the general public, and a financial burden on our small business.

The violent act not only was a financial setback, but also made us rethink our plan to open an outdoor cafe space. Teddywedgers as you may know has no seating, so the possibility of having outdoor seating could help increase footfall and sales to our shop.

The current location of the bus stop prevents us from being able to use the area in front of Teddywedgers in a constructive way, and the current state of the bus stop hurts our business (which has been open for 40 years), and also hurts the community.

We want what is best for our neighborhood, and for the City.

Thank you.

Karima Berkani

Date: 7-8- 2015

#### **CITY OF MADISON**

# Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

,	PLEASE	PRINT CLEARLY	·
	Name	Nina Ber Worth	Kani
Agenda No. 6	Address	Worth	St
	·	Hadison,	WF
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Are you being paid for	your representation?		Yes No
	art of your other paid duties for this per 'STOP; you need not complete the rest		Yes No red "yes," go on to the next

(SEE BACK)

To whom it may concern,

My name is Nina Berkani. I work at the Wisconsin Department of Transportation and I have 25 years professional experience researching and analyzing the impact of public projects on land-use, businesses, agricultural and environmental resources. I am not representing the DOT tonight; I am expressing my support of the removal of the bus stop at the top of State Street which is adjacent to Teddywedgers which is owned by my son and daughter.

Last summer, when Teddywedgers, went up for sale my son Anthony and daughter Karima did everything in their power to scrap up enough money to secure a loan to purchase Teddywedgers. Anthony had been working on his culinary degree and put that aside to run Teddywedgers because he knew it held wonderful memories for our family as well as many others over the last 40 years. The outpouring of gratitude we received when we reopened was more than we ever expected. People continue to thank us and tell us their Teddywedger stories every day.

We had to invest over \$20,000 and a month and a half worth of cleaning and remodeling just to keep it up to current health codes. We expected some of that. But what we didn't expect was the challenges of contending with the people who occupy Philosophers' Grove. We soon found out that from morning to night Teddywedgers is surrounded on all three sides by people who drink, do drugs, sell drugs, fight, throw things, vomit, yell, fondle themselves and others, urinate, defecate, smoke cigarettes, eat and make trash, harass customers, harass us and others and aggressively panhandle.

#### Reasons why the bus stop should be removed:

Demographics and mis-use of this public space - Most of the people who hang out in the bus stop and the Grove are not homeless. They have apartments and places to live. We know because we talk with them...they tell us their life stories. They arrive by foot, bus or expensive cars in the morning after liquor stores open and hang out all day. The later it gets the more disruptive they get. They congregate between the bus stop and Teddywedgers and aggressively panhandle, fight, yell, and harass people.

Since my son runs the shop by himself during the week days, they come in and harass him. They ask for water, change, to use the phone, free food, salt, pepper, to talk, to harass him while he's waiting on customers, etc. He frequently calls the police who remove the guilty party/ies but they are back on the street the next day. Teddywedger's storefront is all glass so they see him call and later harass him for calling.

Not serving the public purpose – The bus stop does not provide a shelter for people waiting for the bus. They wait outside and are often harassed. The bus stop is occupied by people who use it as a shelter to drink, smoke, sleep, recuperate and detox from drinking or drug use. The bus stop is filthy and full of cigarette butts, empty bottles and garbage which poses a public health problem.

**Negative behaviour:** People arrive in the morning prepared to hang out and party in Philosophers' Grove. They may have liquor, cigarettes, drugs. As they arrive at the bus stop they yell at people in the Grove. They could be happy, sad or angry, it doesn't matter. They are always yelling and yell

directly in front of TW's door, passed costumers who are trying to enter the store. They hang out near the bus stop and harrass people walking through the bottleneck that is created between TW and the bus stop. It creates a scary situation for people because they are trapped.

Negative effect on businesses – People hanging out in and around the bus stop definitely hurt our revenue opportunities. We have to spend time, that should be spent cooking and waiting on costumers, dealing with people coming in the store to harass us and our customers and calling the police. We have to try to keep them calm because they start fights with us when we ask them to leave.

People have told us they are afraid to come to our store and they feel uncomfortable having to go through the crowd. We are a family-oriented restaurant and people with children feel unsafe at the top of State.

For our first year in business, we have done well but we will do so much better when the atmosphere surrounding our store improves. We had planned on having outdoor seating but that is prohibitive with the bus stop located in the only area that might be safe enough. Outdoor seating is so important for us because we don't have indoor seating. Summer is really our prime time.

In conclusion, the bus stop should be removed because it is not serving the intended public use, it creates safety and public health issues, encourages loitering, costs taxpayer money for increased cleaning and police calls, and is costly to small business especially Teddywedgers.

We want the top of State to be a safe and inviting place for all of Madison and appreciate your help.

Sincerely,

Nina Berkani

North Street

Madison, WI

53704

Date:	7	8	120	15
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# Registration Statement – Transit and Parking Commission

	<u> </u>	PLEASE PRI	NT CLEARLY	<b>~</b> /	
Agenda No.	- 39184	Name	Anthony State Madison, W	St. I	Teddey W
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Are you being paid for	r your representation?			☐ Yes	□No
	part of your other paid duties f " STOP; you need not comple	•	_	☐ Yes wered "yes,	No 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 other governmental body?			
	vered "yes" to the question, <b>STOP.</b> 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 b that:	peing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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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?			
	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	7/2/2015 Signature Anthony Rinee-			

Date:	7/8/15/

# Registration Statement – Transit and Parking Commission

,	PLEASE PRIN	NT CLEARLY
Agenda NoG	NameAddress	Sandi Torkildson  Elizabeth St.  Madison Wl 53703
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Date: 7/8/15

#### **CITY OF MADISON**

## Registration Statement – Transit and Parking Commission

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		7	Mad	houn w	537W	<u> </u>
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Are you being paid for	your representation?				☐ Yes	⊠ No
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	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?		
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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 the City-County Building, Madison, for more information.)	
Date _	7/8/	Signature Margarita Bassett	

	- last	
Date:	7/8/15	
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## Registration Statement – Transit and Parking Commission

,	PLEASE PRINT CLEARLY
Agenda No	Name Ald, M. he Vervest  Address
Please check the approp	oriate boxes:
Support Oppose Neither Sup	and Wish to speak  Do not wish to speak  Available to answer questions
-	Public Hearing
(If you answered "no,"	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 below, and go on to the next question.)
COMMENTS RELAT	TED TO THE ITEM ON THE AGENDA (optional):
Name, address and telep	phone number of each person or organization you are representing:
4th Aldermanic	District
Are you being paid for	your representation? Yes No
	art 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

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  Yes No
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Date <sub>.</sub>	7/	Signature Print Name  Min had Verver

Date: 7-8-201/5

#### **CITY OF MADISON**

# Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY
Agenda No. 61  Name Sammy Bakter  Address Pawling St  Madisin, wit
Please check the appropriate boxes:
Support Compose    Oppose
Name, address and telephone number of each person or organization you are representing:
Are you being paid for your representation?
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.)

To Whom it may Concern,

The bus stop Shelter next to Toddywedgers at the top of Statest. is often used as a place for the homeless to Store belongings through Out the day, leave trash and is used daily as a Place to Smorce, and Dahu. This Causes pedestrians to cross the street because the side Walk narrows due to the bos Shelter because of this it is used as a Location to Pan handle for money. Women, including myself are often Solvally harassed. The day dealing and drinking that occurs in and crowned the Shelter horts the Community as well as local businesses and School Groups touring the Capital and mussoms.

> Sincerely, Sommy Baxter

MATC Student- Human Services

## Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY
Name Brusele Konkel
Agenda No Address N Han Cale St
Please check the appropriate boxes:
Support Oppose Do not wish to speak Available to answer questions
Neither Support Nor Oppose
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):
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Name, address and telephone number of each person or organization you are representing:
Are you being paid for your representation?
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.)

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(If you answer this form. If yo	red "yes" to the question, <b>STOP.</b> 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 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	Signature Breide V Vaille		
,	Print Name BRENDIT K FONICE		

Date: 7/8/15

#### **CITY OF MADISON**

### Registration Statement – Transit and Parking Commission

	PLEASE PRINT	Γ CLEARLY	
	Name _P	AUL SKIDMOR	٤
Agenda No	Address _	AUC SKIDMOR RED MAPLE	TRA/C
			·
Please check the appropriate boxes:			÷
Support REMOUN COF Description of the Support Nor Oppose		<ul><li>Wish to speak</li><li>□ Do not wish to speak</li><li>□ Available to answer que</li></ul>	estions
Information Hearing.	5 min 3 min 3 min	nutes	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of whom you represent below, and go on to t	t complete the rest of thi		No " provide the name
COMMENTS RELATED TO THE ITEM	I ON THE AGENDA (	(optional):	
;			
		<del></del>	-
			· · · · · · · · · · · · · · · · · · ·
Name, address and telephone number of each	n person or organization	you are representing:	
Are you being paid for your representation?		Yes	No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	_		"go on to the next

Are you other go	an elec vernme	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
(If you a this form	nswere 1. If you	ed "yes" to the question, <b>STOP.</b> 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 at that:	re bein	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.		
2	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 Room 10	go to )3 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)		
Date		Signature		
		Print Name		

Date:	7	-8-	18	

# Registration Statement – Transit and Parking Commission

		PLEASE PRIN	T CLEARLY		
Agenda No.		Name	EN CL.	ARY TE	ST
Please check the appr	opriate boxes:		<del></del>		
Support Oppose Neither Su	pport Nor Oppose	and	Wish to spen Do not wish Available to		tions
Speaking Limits:	Public Hearing Information Hearing Other Items	3 mir	nutes		
(If you answered "no,	ou representing an organization of the second of the secon	mplete the rest of th		☐ Yes wered "yes," j	☐ No provide the name
COMMENTS RELA	TED TO THE ITEM O	N THE AGENDA	(optional):		
			· 		
Name, address and tel	ephone number of each pe	erson or organization	ı you are representi	ing:	
Are you being paid for	your representation?			☐ Yes	
	part of your other paid dut "STOP; you need not con			☐ Yes wered "yes," ;	No go on to the next

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "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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	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	Print Name KENNETH CLARY