Public Comments



Date: 12-9-15

CITY OF MADISON

Please Print		PLEASE	PRINT CLEARLY		
Public a	businent	Name	Rob Lew	15	
Agenda No.		Address	THE BRIDE	HILL	50
			THE BRIDE	IW, L	53711
Please check the appr	opriate boxes: CYC	LOCROSS			
Support			and Wish to spe	eak	
Oppose			Do not wis. Available t	n to speak o answer ques	tions
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	27				
Are you being paid f	or your representation	?		Yes	□ No
Are you appearing as (If you answered "no question.)	s part of your other pai o, " STOP; you need n	id duties for this po ot complete the re	erson or organization? st of this form. If you an	Yes Yes, 'swered "yes, '	☐ No ' go on to the next
Speaking Limits:	Public Hearing (Co Information Hearin Other Items	g	3 minutes		

Are you an elected official or employ other governmental body?	yee who is appearing solely on behalf of your office or for your municipality or Yes No					
(If you answered "yes" to the question this form. If you answered "no" to the	on, STOP. You need not complete the rest of this form, except that you must sign e question, go on to the next question.)					
If you are being paid for your representat:	sentation, or if your appearance is part of other paid duties, please be advised					
1. Before you engage in with the City Clerk.	lobbying as a lobbyist, you or your principal must file an authorization					
2. Your principal is not principal is no	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.					
3. If your principal spend period (half year), the remainder of the calend	ls or will owe more than \$1,000 for lobbying services in any reporting principal must file expense statements with the City Clerk for the lar year?					
(Please go to the City Clerk's webs Room 103 of the City-County Building,	ite <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Madison, for more information.)					
Date	Signature					
	Print Name					

Date: 12/9/15

CITY OF MADISON

Please Print	PLEASE PRINT CLEARLY
Agenda No. 12	Name Benjamin Baum Address 306 W Main St. Apt 618 Madism, WI 53703
41052 #	Apr 618
Please check the appropriate boxes:	Madism, vis 50,000
Support Oppose Neither Support Nor Opp	and Wish to speak Do not wish to speak Available to answer questions
	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of	each person or organization you are representing:
706 W Mal St. Apt 618	
Madron WIT 53703	
Are you being paid for your representati	D.V DNo
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for this person or organization? Yes No d not complete the rest of this form. If you answered "yes," go on to the next
Information Hea	Common Council)5 minutes uring

Are you an elected other governmental	official or employee who is appearing solely on behalf of your office or for your municipality or body?
(If you answered "y this form. If you ans	ves" to the question, STOP. You need not complete the rest of this form, except that you must sign swered "no" to the question, go on to the next question.)
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2. You City	principal is not permitted to authorize you to lobby unless you are registered with the Clerk.
perio	ur principal spends or will owe more than \$1,000 for lobbying services in any reporting d (half year), the principal must file expense statements with the City Clerk for the inder of the calendar year?
(Please go to the (Room 103 of the City	City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at County Building, Madison, for more information.)
Date 12/9/15	Signature May
	Print Name Benjamin Baum

Date: 12/9/2015

CITY OF MADISON

BOARD OF PARK COMMISSIONERS Registration Statement -COMMITTEE Please Print PLEASE PRINT CLEARLY Agenda No. <u>40</u> 772 Please check the appropriate boxes: Wish to speak and Support Do not wish to speak **Oppose** Available to answer questions Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: No Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? No Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Public Hearing (Common Council).....5 minutes Speaking Limits: Information Hearing......3 minutes Other Items......3 minutes

Are you an el other government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answe this form. 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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Date	Signature
	Print Name

Date: 12-9-2015

CITY OF MADISON

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Please Filli	10	PLEASE PRINT CLEARLY	
Agenda No. 40	772	Name Musha Ca Address 450 Sids	nnon leg St.
Please check the appro	priate boxès:		•
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Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 minutes	

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Date	Signature
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Date: _	12-9-2	015

CITY OF MADISON

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	Other Items	3 m	imutes		

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Date	Signature Print Name

1001

Noise Sources and Their Effects

comment		Eardrum rupture			Painful. 32 times as loud as 70 dB.	Average human pain threshold. 16 times as loud as 70 dB.	8 times as loud as 70 dB. Serious damage possible in 8 hr exposure	4 times as loud as 70 dB. Likely damage 8 hr exp	2 times as loud as 70 dB. Possible damage in 8 h exposure.	Arbitrary base of comparison. Upper 70s are annoyingly loud to
Darihal	Level	150	140	130	120	110	100	06	08	02
	Noise source	let take-off (at 25 meters)	Aircraft carrier deck	Military jet aircraft take-off from aircraft carrier with afterburner at 50 ff (130 dB).	Thunderclap, chain saw. Oxygen torch (121 dB).	Steel mill, auto horn at 1 meter. Turbo-fan aircraft at takeoff power at 200 ft (118 dB). Riveting machine (110 dB); live rock music (108 - 114 dB)	Jet take-off (at 305 meters), use of outboard motor, power lawn mower, motorcycle, farm tractor, jackhammer, garbage truck. Boeing 707 or DC-8 aircraft at one nautical mile (6080 ft) before landing (106 dB); jet flyover at 1000 feet (103 dB); Bell J-2A	Boeing 737 or DC-9 aircraft at one nautical mile (6080 ft) before landing (97 dB); power mower (96 dB); motorcycle at 25 ft (90 dB).	Garbage disposal, dishwasher, average factory, freight train (at 15 meters). Car wash at 20 ft (89 dB); propeller plane flyover at 1000 ft (88 dB); diesel truck 40 mph at 50 ft (84 dB); diesel train at 45 mph at 100 ft (83 dB). Food blender (88 dB); milling machine (85 dB); garbage disposal (80 dB).	Passenger car at 65 mph at 25 ft (77 dB); freeway at 50 ft from pavement edge 10 a.m. (76 dB). Living room music (76 dB); radio or TV-audio, vacuum cleaner (70 dB).

Noise Comparisons

some people.		l aiii daict		One-eighth as loud as 70 dB.				
09		20	40		30	20	10	
Conversation in restaurant, office, background music, Air	conditioning unit at 100 ft	Aulet suburb, conversation at home. Large electrical transformers at 100 ft	Library, bird calls (44 dB); lowest limit of urban ambient sound		Quiet rural area	Whisper, rustling leaves	Breathing	

/CETP/environ10.html), and Federal Agency Review of Selected Airport Noise Analysis Issues, Federal Interagency Committee on Noise (August 1992). Source of the information is attributed [modified from http://www.wenet.net/~hpb/dblevels.html] on 2/2000. SOURCES: Temple University Department of Civil/Environmental Engineering (www.temple.edu/departments to Outdoor Noise and the Metropolitan Environment, M.C. Branch et al., Department of City Planning, City of Los Angeles, 1970.

Date: 12/9/15

CITY OF MADISON

Dlagge Drint					
Please Print			PRINT CLEARLY		V
Agenda No. <u>407</u>	72_	Name Address	Donna Par 403 W. L' Madison		e St
Please check the appro					
Oppose	pport Nor Oppose			eak sh to speak to answer quest	iions
At this meeting are yo (If you answered "no, of who you represent of	ou representing an organization of the company of the next question of each personner of each personner.	plete the rest on.)	of this form. If you an	swerea yes, _l	∑ No provide the name
Are you being paid fo	r your representation?			Yes	□No
Are you appearing as (If you answered "no, question.)	part of your other paid dution "STOP; you need not com	es for this per eplete the res	rson or organization? t of this form. If you an	Yes Yes,"	□ No go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing		.3 minutes		

Are you an elected official or employee who is appearing solely on behalf of your office or other governmental body?	for your municipality or Yes \sum No
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, et this form. If you answered "no" to the question, go on to the next question.)	except that you must sign
If you are being paid for your representation, or if your appearance is part of other paid of that:	uties, 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 Room 103 of the City-County Building, Madison, for more information.)	the Clerk's Office at
Date Signature	
Print Name	Face - Control

NOISE SOURCES Bay Creek

Alliant Center / Willow Island

May: Brat Fest 4 days + evenings Amped music, fireworks. Willow Island

June: Susan G. Komen Race, 1 day
Amplified voice, noisemakers
Starts at Alliant Center, thru Bay
Creek, no AM egress for neighbors

July: Bhakti Fest, 3 days + evenings Amplified music, Willow Island

July: Dane County Fair, 4-5 days + eves. Amplified music, Willow Island

July: WJJO Band Camp, day + evening Amplified music, Willow Island (not held in 2014)

August: Blacklight Run
Amplified voice, Alliant Center

Aug.-Sept. Color Me Rad

Amplified voice, bass, music

Alliant Center/Willow Island

September: Make-A-Wish Run Amplified voice, Willow Island

OTHER SOURCES
July: Pre-Rhythm & Booms
VFW Club, loud music

August: Dane Dances
Amplified music, bass guitar
Monona Terrace

September: Ironman Triathlon
Amplified voice
Carries across Lake Monona

September: Labor Fest, loud music Park St. @ Wingra

Olin Turville Park

May: Madison Marathon
Amplified voice

May: Glow Time, evening Amplified DJ

June: Ragnar Relays, early AM Amplified voice

June: Rhythm & Booms, day + evening Amplified music

July: Colors Run
Amplified music

July: Capital City 5K Run Amplified voice

August: Great Taste of the Midwest Amplified music

September: Clean Lakes Festival
Amplified music

October: Charter Free Concert Amplified music

Goodman Pool

Swim meets: Amplified voice

Total 30+ days / evenings of scheduled events using amplified sound systems in one neighborhood

Possible solution: city-wide limits on permitted amplification levels

Came after Ann Walker

Date: 9 Dec 2015

CITY OF MADISON

Please Print	
	PLEASE PRINT CLEARLY
Agenda No. 49	Name Anne Walker Address 1709 Winne bage St Madison
Please check the appropriate boxes:	
Support © 85 db. Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organization (If you answered "no," STOP ; you need not compose of who you represent and go on to the next question. Name, address and telephone number of each person	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not comp question.)	s for this person or organization? Yes No blete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Conformation Hearing	3 minutes

Are you an electron other government	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
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Date 9D	Signature Americales
	Print Name Walker

Date:	
No.	

CITY OF MADISON

BOADD OF DARK COMMISSIONERS

Registration S	committee	OF PARK COMMISS	DIONLING
Please Print	PLEAS	SE PRINT CLEARLY	
Agenda No. 9 40	Name Addres	RON SHUT VI 925 LAKE MADISON W	CT.
Please check the appropriate	boxes:		
Support Oppose Neither Suppor	t Nor Oppose	and Wish to spea Do not wish Available to	
At this meeting are you repr (If you answered "no," STO of who you represent and go	esenting an organization or a people; you need not complete the report on to the next question.)	rson other than yourself: est of this form. If you answ	☐ Yes ☑ No vered "yes," provide the name
Name, address and telephon	e number of each person or orga	anization you are representing	ng:
Are you being paid for your	representation?		☐ Yes ☐ No
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Infor	ic Hearing (Common Council) mation Hearingr Items	3 minutes	

Are you an el other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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Date	Signature
	Print Name

I support changes to the conditions and fees for a Park Amplification Permit for allowing the use of an amplified sound system in a Madison park. Past experience has shown that many groups fail to use restraint in the intensity of the amplified sound at their events. With the ever increasing use of our parks for large events during the warmer weather here in Madison, it has gotten to the point that for some parks the surrounding nearby residents are blasted with unreasonable sound levels on many days each summer. Many of these events often amplify sound early in the morning and/or late in the evening as well as all day long for multiple days in a row.

We need better monitoring of sound levels at these events to ensure that the sound level set in the amplification permit is not exceeded. The fee structure for obtaining a permit needs to recover all costs associated with monitoring the noise levels at permitted events.

While the Proposed 2016 Public Amplification Permit Fees (REVISED) is an improvement over the existing amplification permit rules, more has to be done. At least some of the various Madison Ordinances dealing with noise need to be revised to make the proposed changes legal and enforceable. This will require Common Council approval.

We also need a more defined penalty structure for those who violate the Park Amplification Permit decibel limit set by the Parks Department to ensure compliance. We also need to have higher penalties for repeat offenders. Give Park Rangers as well as the Madison Police authority to shut down the amplification at events that fail to adhere to the conditions of the amplification permit including failure to keep the sound below the maximum decibel level that is listed as a condition of the permit.

Madison Municipal Ordinances Catch 22

Madison Ordinances Chapter 8 Public Property

8.29 PUBLIC ADDRESS SYSTEMS IN PARKS (should be changed to Amplified Sound Systems in Parks)

- (1) No public address systems or sound amplification devices shall be used in any public park within the City of Madison except as permitted by this section. The Parks Superintendent may issue permits in accordance with this section. A permit shall not exempt the holder from the provisions of Sec. 24.08.
- (3) The Superintendent may limit the hours of operation and the location within the park of any such system or equipment so as to insure the benefit of such system or equipment to the group seeking its use and to minimize any unreasonable interference with the peace and enjoyment of other users of the park and those adjacent to such park. Only the hours of operation and location of such system or equipment may be regulated by this section. The Superintendent shall consider applications in the order they are received.
- (5) The Police Department is authorized to require the discontinuance of any such system or equipment operating outside the prescribed hours or location. Any person violating the provisions of this ordinance shall be subject to a forfeiture of not less than twenty dollars (\$20) nor more than fifty dollars (\$50).

Madison Ordinances Chapter 24 Offenses Against Pease and Quiet 24.08 NOISE CONTROL REGULATION

- (1) Statement of Purpose. The City of Madison recognizes that excessive noise is a serious threat to the public health and welfare, public safety, quality of life and property values. Current science and technology permit abatement of noise sources which was not available in the past. Therefore, it is the policy of the City to prevent and abate excessive noise which may jeopardize the public health, safety or welfare or which would cause harm to property values or which would impair the quality of life within the city.
- 3) Exemptions. The provisions of this ordinance shall not apply to the following:
- (d) Outdoor gatherings, public dances, shows, and sporting and entertainment events for which a permit or license is required and obtained pursuant to Madison General Ordinances.

The above Catch 22 in the wording of these Madison Ordinances needs to be corrected.

Ron Shutvet Madison WI

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Date:	
Date.	

CITY OF MADISON

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Agenda No.			Lawrence St	,
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Are you being paid for	or your representation?		Yes	Ď√No
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Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 minutes		

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Date	Signature	
	Print Name	

Date: 12/9/15

CITY OF MADISON

Please Print	*		1
		PLEASE PRINT CLEARLY	
Agenda No	0772	Name Keyin o M Address Si35. Bald	wy -
Please check the appr	ropriate boxes:		
Support Oppose Neither Su	upport Nor Oppose		peak ish to speak to answer questions
(If you answered "no	ou representing an organizary, "STOP; you need not cont and go on to the next quest	tion or a person other than yourself: uplete the rest of this form. If you are ion.)	: Yes No nswered "yes," provide the name
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Speaking Limits:	Public Hearing (Common	n Council)5 minutes3 minutes	

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Date	Signature			
	Print Name			

Date: 13/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISS COMMITTEE	SIONERS
Please Print PLEASE PRINT CLEARLY	A + 2
Agenda No. 40772 Address Lyg Tulmud Munistry W	
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose and Wish to spect Do not wish Available to	ak to speak answer questions
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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 answered question.)	Yes No Swered "yes," go on to the nex
Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing3 minutes	

Other Items......3 minutes

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?
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Koom 103 oj ir	the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at least City-County Building, Madison, for more information.)
Date 12/	Print Name Fred Schepartz
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Registratio	n Statement	BOARD O	FPAF	RK COMMISS	IONERS	
Please Print Agenda No	772	PLEASE Name Address	60	CLEARLY ARY KAL	LAS	<i></i>
Please check the appropriate Support Oppose Neither Sup At this meeting are you (If you answered "no," of who you represent as	port Nor Oppose a representing an organ of STOP; you need not	nization or a per complete the re.	and son othe	er than yourself:	to speak answer question Yes	No
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Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		3 min	utes		

Date: _____

	Print Name			
Date	Signature			
(Please go Room 103 o _j	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)			
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Are you an other gover	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No			

In our efforts to inform the community of a very important matter, we made a mistake:

Our initial commission hearing notice flyer that went public was a bit misleading. It stated the city's proposal would set one decibel policy for non-profits and another policy for for-profits to use City Parks. This is not accurate. All decibel policies for City Park usage would be the same.

We apologize for this statement.

The statement was not meant to mislead or incite anger in our community. We thought we were pointing out a matter that is of most concern to us; events in Madison's Central Park would be subjected to a different set of regulations than concert events held at the Breese Stevens' venue. Our mistake, to which we are again most sincerely apologetic, is most events held at Central Park are offered by Non-for-Profits and we were inattentive.

Our mistake was unintentional. We view ourselves as partners with the City. Indeed, we support the Breese Stevens development and applaud the City for bringing more cultural events and arts to the Isthmus.

There is however, a major difference of opinion on the effects of noise coming from events at the two sites.

Most people in opposition to the amended or original decibel proposal appreciate that there is one decibel policy for Breese Stevens and another for events at Central Park.

Most people who are engaged in this debate live or work on Madison's Isthmus.

These people believe that Breese Stevens Field and Central Park are comparable facilities.

Central Park was designed to support events like La Fete de Marquette by leveraging the Park's location in an industrial corridor where substantial noise-abatement space exists between events and dense residential neighborhoods.

Breese Stevens has walls.

Central Park has air space.

Sincerely, Organizers of Non-Profit Events at Central

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		финайрисаны концентуру — — — — — — — — — — — — — — — — — —

December 9, 2015

For your consideration . . .

From the producers of La Fete de Marquette only

- 1) Tonight's issue is not about <u>for profits</u> versus <u>non-profits</u>; an earlier notice was unintentionally phrased that way;
- 2) Tonight's issue (for some) is not about amplification permit fees; the city has costs and we recognize that;
- 3) Tonight's issue is not about us versus the city;
- 4) Tonight's issue is about events held in Central Park being afforded the same amplification regulations afforded to events at Breese Stevens.

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CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS COMMITTEE

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Please Print	PLEASE PRINT CLEARLY
Agenda No	Name Scott B. THORNTON Address HOY JENIFER ST MADISON, WI 53703
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organ (If you answered "no," STOP; you need not	nization or a person other than yourself: \[\sum \text{Yes} \sum \text{No} \] complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next que Name, address and telephone number of each	
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.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	mon Council)5 minutes

Are you an other govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
	Print Name

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CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS

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Speaking Limits:	Information Hearing	nmon Council)5 minutes 3 minutes 3 minutes	S			

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Date	Signature
	Print Name

Date:
CITY OF MADISON
Registration Statement - BOARD OF PARK COMMISSIONERS
Please Print PLEASE PRINT CLEARLY
Agenda No. 40772 Address S13 Christiansan, Aw Madison, U2
Please check the appropriate boxes:
Support Oppose Neither Support Nor Oppose □ Support Available to answer questions □ 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," provide the name of who you represent and go on to the next question.)
Name, address and telephone number of each person or organization you are representing: Central Park Aba Should be the Same as policy at Brees. Stevens. It not, there is cause to believe that Bis TOP will takk over act for their p for profit shows that all take from directly from proceeds from Non-profit events at Central Are you being paid for your appresentation?
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 answered "yes," go on to the next question.) Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing

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Date	Signature
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Date: Dec 9, 2015.

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS					-		
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Agenda No. 407	72				2124 E. MI	AIN ST	•
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Speaking Limits:	Public Hearing (Con Information Hearing Other Items			3 miı	nutes		

Are you an other govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
	Print Name

Date: 12/9/2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS COMMITTEE

Please Print			INT CLEARLY		
Agenda No. 40	772	Name	Beatin a flac 317Rivers	didian de br. 537	0
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Date	Signature			
	Print Name			

Date: [2/]/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print		PLEASE PRINT CLEARLY		
Agenda No.	7777	Name Cale B. Address 121 Duni. Madison L	Thomas St S370	<u>a</u>
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Are you being paid f	for your representation?		☐ Yes	No
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Speaking Limits:	Public Hearing (Commor Information Hearing	3 minutes		

	REGISTRATION STATEMENT - PAGE 2				
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Date 12,	Print Name Galen Thompson				

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Date: _	/	_	- 1)	

CITY OF MADISON

Registration Statement -	BOARD OF PARK COMMISSIONERS
Please Print	PLEASE PRINT CLEARLY
	Name Robert Lughai
Agenda No. 40772	Address 1115 E. Wilson St. Madison, WI 53703
Please check the appropriate boxes:	To face 1 Series
Support Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of	anization or a person other than yourself: \(\bigcup \) Yes \(\bigcup \) No to complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organization you are representing:
Are you being paid for your representation?	Yes No
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)	d duties for this person or organization? Yes No No ot complete the rest of this form. If you answered "yes," go on to the next
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Date	Signature		
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CITY OF MADISON

BOARD OF PARK COMMISSIONERS Registration Statement -COMMITTEE Please Print PLEASE PRINT CLEARLY Name Agenda No. Address Please check the appropriate boxes: Wish to speak and Support Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: No Yes 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 question.) Public Hearing (Common Council).....5 minutes Speaking Limits: Information Hearing......3 minutes

Other Items......3 minutes

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Date	Signature			
	Print Name			

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS

Please Print	PLEASE PRINT CLEARLY
Agenda No. 40772	Name Mike Madden Address 502 Welch Are
Please check the appropriate boxes:	
of who you represent and go on to the next	anization or a person other than yourself: Yes No of complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation	Yes No
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the ne.
Speaking Limits: Public Hearing (Co. Information Hearin	mmon Council)5 minutes

Are you an ele other governme	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?			
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Date	Signature			
	Print Name			

CITY OF MADISON

BOARD OF PARK COMMISSIONERS

Registration Statement -COMMITTEE Please Print PLEASE PRINT CLEARLY Agenda No. Please check the appropriate boxes: Wish to speak and Support Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Yes Are you being paid for your representation? 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 answered "yes," go on to the next question.)

Public Hearing (Common Council).....5 minutes

Information Hearing......3 minutes Other Items......3 minutes

Speaking Limits:

	REGISTRATION STATEMENT - PAGE 2		
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Date: 12915

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS COMMITTEE

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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 Room 103 of ti	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	Signature Signature
	Print Name (ANN 1 BATCH

Date: $\frac{12/9}{2015}$

CITY OF MADISON

BOARD OF PARK COMMISSIONERS Registration Statement -Please Print PLEASE PRINT CLEARLY Name Agenda No. Address Please check the appropriate boxes: Wish to speak and Support Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Irton Park Festival Wolumteer Music Co-coording Yes Are you being paid for your representation? 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 answered "yes," go on to the next question.) Public Hearing (Common Council).....5 minutes Speaking Limits:

Are you ar other gove	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you ans this form. I	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign f 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
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(Please go Room 103 d	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 12/09/15

CITY OF MADISON

Registration Statement	BOARD OF PARK COMMISSIONERS
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 10 (SC 72 72	Name Audy Woore Address 204 Ruffedse St
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next q	complete the rest of this form. If you answered yes, provide the name
Name, address and telephone number of each	h 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.)	duties for this person or organization? Yes INo t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 minutes 3 minutes

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 answe this form. If yo	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 bei that:	ing 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?				
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 12	Signature Print Name AUDICU (S. MOOVE)				

	Date:
	CITY OF MADISON
Registration Statement	BOARD OF PARK COMMISSIONERS COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No	Name Jessica Wastenweiler Address 2202 Winnebago St
Please check the appropriate boxes:	
Support✓ OpposeNeither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
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 (If you answered "no," STOP; you need not	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next

Public Hearing (Common Council).....5 minutes Information Hearing......3 minutes

Other Items.....3 minutes

question.)

Speaking Limits:

Are you an eother govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
(If you answe this form. If y	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.)		
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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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: Dec 9 ZOIS

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS

Please Print		SE PRINT CLEARLY	
Agenda No. 40772	Name Addre	Leslie Peters 2450 liphans	m st 63704
Please check the appropriate bo	xes:		v.
Support Oppose Neither Support N	lor Oppose	and Wish to speak Do not wish to Available to a	
At this meeting are you represe (If you answered "no," STOP ; of who you represent and go or Name, address and telephone n	you need not complete the to the next question.)	rest of this form. If you answ	
Are you being paid for your re	presentation?	,	☐ Yes 🕍 No
Are you appearing as part of you answered "no," STOP question.)	our other paid duties for this you need not complete the	s person or organization? e rest of this form. If you answ	☐ Yes ☐ No wered "yes," go on to the nex
Speaking Limits: Public Inform	Hearing (Common Counci ation Hearing)5 minutes 3 minutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality other governmental body?				
(If you answe this form. If y	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.)			
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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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 <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			
	Print Name			

Date: 12/9/15

CITY OF MADISON

BOARD OF PARK COMMISSIONERS **Registration Statement -**COMMITTEE Please Print PLEASE PRINT CLEARLY Agenda No. 🔨 Address Please check the appropriate boxes: Wish to speak and Support Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Yes 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

Public Hearing (Common Council).....5 minutes

question.)

Speaking Limits:

Are y other	ou an el governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you this fo	u answei orm. If ye	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.)
If you that:	are bei	ing 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?
Please Room	e go to 103 of th	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 _	12	Signature Signature
		Print Name David Hocket

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS COMMITTEE

Please Print		PLEASE PR	INT CLEARLY		
Agenda No. 40		Name Address	Dova Not	tz 54.	
Please check the appropri	ate boxes: #48		19 Please 1	read sta	Frank
Support Oppose Neither Suppo	ort Nor Oppose	an	d Wish to spead Do not wish Available to	to speak	tions
(If you answered "no," S of who you represent and	epresenting an organization TOP ; you need not complet go on to the next question.) one number of each person	e the rest of	f this form. If you answ		□ No provide the name
Are you being paid for yo	our representation?			Yes Yes	☐ No
Are you appearing as part (If you answered "no," S question.)	t of your other paid duties for the complete	or this perso te the rest o	n or organization? f this form. If you answ	Yes yered "yes,"	☐ No ' go on to the next
In	ablic Hearing (Common Conformation Hearing	3			

Are you an eother govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?			
(If you answe this form. If y	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.)			
If you are be that:	eing 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 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: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS

Please Print		PLEASE PRINT CLEARLY	
Agenda No. <u>40</u>	77 <u>2</u> 67	Name Deanne Fun, Address 411 S. Inge Madison w	khouser 2501/ 53703
Please check the appr	ropriate boxès:		
Support Oppose Neither Su	ipport Nor Oppose	and Wish to spea Do not wish Available to	k to speak answer questions
(If you answered "no of who you represent	o," STOP; you need not com t and go on to the next questi	tion or a person other than yourself: splete the rest of this form. If you answir ion.) son or organization you are representi	perea yes, provide the hame
Are you being paid f	or your representation?		☐ Yes No
Are you appearing as (If you answered "no question.)	s part of your other paid duti o," STOP; you need not con	es for this person or organization? Inplete the rest of this form. If you answer.	☐ Yes ☑No wered "yes," go on to the nex
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 minutes	

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.
,	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 12/9	Signature Dan D
	Print Name Deanne Funkhauer

	CITY OF MADISON
Registration Statement	BOARD OF PARK COMMISSIONERS COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. <u>40772</u>	Name Con Swift Address 1238 Rushleage St. 53703
Please check the appropriate boxes:	
Support Oppose 40772 Neither Support Nor Oppose At this meeting are you representing an organ	nization or a person other than yourself: Yes No
If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name uestion.)
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.)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next

Date: _____

Public Hearing (Common Council).....5 minutes

Speaking Limits:

Are you an e other govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes Your office or for your municipality or mental body?
(If you answe this form. If y	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.)
If you are be that:	sing 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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Please go to Room 103 of i	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.)
Date12	Signature Con Swife

	CIT	Y OF MAI	DISON	J		
Registration		ARD OF	PAF	RK COMMISS	IONERS	,
Please Print		PLEASE	PRINT	CLEARLY		
Agenda No. <u>4</u> 07万	45	Name Address		ean Offosen 329 E. Johns	st.	
Please check the approp	oriate boxes:					
Support Oppose Neither Sup	port Nor Oppose		and	☐ Wish to speal ☐ Do not wish t☐ Available to a	o speak	ions
(If you answered "no,"	representing an organization STOP ; you need not compand go on to the next question	lete the res	on othe t of this	er than yourself: s form. If you answ	☑ Yes ered "yes,"	☐ No provide the name
Name, address and tele	phone number of each person	on or organ	ization	you are representii	ng:	
h/s1	Mr. Neighborhood	Cente.				
Are you being paid for	your representation?				Yes	☐ No
	part of your other paid dutie 'STOP; you need not comp	s for this pe	erson or st of th	r organization? is form. If you ansv	☐ Yes vered "yes,"	☐ No go on to the nex
Speaking Limits:	Public Hearing (Common Information Hearing Other Items		3 min	nutes		

Date: _____

Are you an other gover	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
(If you ansv this form. If	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
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(Please go Room 103 oj	to 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: 12/9/15

CITY OF MADISON

Please Print		PLEASE PRINT CLEARLY
Agenda NoPlease check the approximation	9 36 40772 #44 ropriate boxes:	Name Glenn Mitroff Address 1516 Cynchburg Trail Modish Cut 33763 53718
At this meeting are v	upport Nor Oppose	zation or a person other than yourself: Yes Yo
of who you represent	and go on to the next que	omplete the rest of this form. If you answered "yes," provide the name estion.) Derson or organization you are representing:
Are you annearing as	or your representation? s part of your other paid d	☐ Yes ☐ Yes ☐ Yes ☐ No complete the rest of this form. If you answered "yes," go on to the nex
question.) Speaking Limits:	Public Hearing (Comm	non Council)5 minutes
	Intormation Hearing Other Items	3 minutes

Are you an elected official or employ other governmental body?	yee who is appearing solely on behalf of your office or for your municipality or Yes No	
(If you answered "yes" to the question this form. If you answered "no" to the	on, STOP. You need not complete the rest of this form, except that you must sign e question, go on to the next question.)	
If you are being paid for your representat:	sentation, or if your appearance is part of other paid duties, please be advised	
1. Before you engage in with the City Clerk.	lobbying as a lobbyist, you or your principal must file an authorization	
2. Your principal is not City Clerk.	permitted to authorize you to lobby unless you are registered with the	
period (half year), the	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 web. Room 103 of the City-County Building	site <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Madison, for more information.)	
Date	Signature	
	Print Name	

Date: 12(9/15

CITY OF MADISON

Please Print		PLEASE PRINT CLEA	ARLY		
Agenda No. 40	577L (63	Name Lift Address 2015	5 B Sar Cox3-01	enell	
Please check the appr	opriate boxes:			3	
Support Oppose Neither Su	pport Nor Oppose	and A	Wish to speak Do not wish to sp Available to answ	oeak wer questions	
(If you answered "no	ou representing an organization," STOP; you need not compand go on to the next question	lete the rest of this form		Yes No d "yes," provide t	he name
Name, address and te	lephone number of each perso	on or organization you a	are representing:		
Are you being paid for	or your representation?			Yes No	
Are you appearing as (If you answered "no question.)	part of your other paid duties," STOP; you need not comp	s for this person or organiete the rest of this for	nization? [m. If you answere	Yes No d "yes," go on to	the next
Speaking Limits:	Public Hearing (Common Conformation Hearing	3 minutes			

	THE THE TABLE
Are you an el other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answe this form. 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.)
If you are beithat:	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 Room 103 of th	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 12(Signature Culus Berning Print Name Cur H. B Sovenson

Date:
VIMISSIONERS
Ivensor
. Gorhen # 3.
Swenson Gorhen #3.
n to speak not wish to speak
ilable to answer questions
urself: Yes No you answered "yes," provide the name
presenting:

CITY OF MADISON

Registration Statement - BOARD OF PARK COM

3	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 40	Name Dylan Swenson Address 834 E Gorhen # 3. May 1801
Please check the appr	
Support Oppose Neither Su	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no,	ou 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 and go on to the next question.)
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 next
Speaking Limits:	Public Hearing (Common Council)5 minutes Information Hearing3 minutes Other Items

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	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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(Please go to Room 103 of t	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:	12/9/	15.

CITY OF MADISON

Please Print Agenda No.	772	PLEASE Name Address	PRINT LA 12	CLEARLY RRY OR 37 E.T. ADISON,	R DAY TO UR 3	N 87
At this meeting are you (If you answered "no," of who you represent a	priate boxes: port Nor Oppose representing an organization of STOP; you need not completed go on to the next question of each person	n or a perso ete the rest	of this	er than yourself: s form. If you answ	to speak answer ques	No
(If you answered "no," question.) Speaking Limits:	your representation? art of your other paid duties to strop; you need not complete the property of the proper	ouncil)	of this 5 minu 3 minu	s form. If you answ utes utes	☐ Yes☐ Yes_vered "yes,"	□ No □ No go on to the next

Are you an electory other government	eted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?	
(If you answered this form. If you	d "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)	
If you are being that:	g paid for your representation, or if your appearance is part of other paid duties, please be advised	
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
ŗ	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 t Room 103 of the	he City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date: 12/9/15

CITY OF MADISON

Please Print	PLEASE PRINT CLEARLY	
Agenda No. 40	772 Name Joshua-Kuhl Address (817 Tottenham Rol	
	40 Madison, WI 53711	
Please check the appro	opriate boxes:	
Support Oppose Neither Su	and Wish to speak Do not wish to speak Available to answer questions	
(If you answered "no,	ou 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 national go on to the next question.)	me
	ephone number of each person or organization you are representing:	
Kuhl tint	estainment	
6817 Total	fenham Rd	
Madison, L	JI 53711	
Are you being paid fo		
Are you appearing as (If you answered "no, question.)	part of your other paid duties for this person or organization? Yes INO "STOP; you need not complete the rest of this form. If you answered "yes," go on to the no	ex
Speaking Limits:	Public Hearing (Common Council)5 minutes Information Hearing3 minutes Other Items	

REGISTRATION STATEMENT - PAGE 2
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality of 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.)
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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 19-19-16 Signature 11-18-20
Print Name Josh B Kull.

	CITY OF MADISON
Registration Statement	BOARD OF PARK COMMISSIONERS COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 40773	Name Karen Maggelcfsky-Sorens Address 2015 Corscot Ct.
59	Madison, WI 53704
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose At this meeting are you representing an organ (If you answered "no," STOP; you need not	and Wish to speak Do not wish to speak Available to answer questions inization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	uestion.)
Name, address and telephone number of each	n person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ Yo
Are you appearing as part of your other paid	duties for this person or organization? Yes No

Date:

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

Public Hearing (Common Council).....5 minutes

Information Hearing3 minutes
Other Items3 minutes

question.)

Speaking Limits:

Are you an el other government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?	
(If you answer this form. 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.)	
If you are beithat:	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?	
(Please go to Room 103 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date: 12-9-15

CITY OF MADISON

Please Print		PLEASE	PRINT	CLEARLY		/
Agenda No. 40	772-58	Name Address	\$11 35 Ma	rk L. 528 Atw disn L	Swens ood Ave vt 5	#323 53714
Please check the approp	oriate boxes:					
Support Oppose Neither Sup	port Nor Oppose		and	☐ Wish to sp ☐ Do not wis ☐ Available t		tions
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 who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:						
Name, address and telej	phone number of each person	in or organi	zation	you are represen	ung.	
TEX. 18 Market						
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 t of this	organization? s form. If you an	Yes ywered "yes,"	No go on to the next
	Public Hearing (Common C Information Hearing Other Items		3 minu	utes		

Are you an el other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
(If you answe 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.)
If you are betthat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
714 315 B	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 Room 103 of t	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	Signature
	Print Name

Date: [2/4 [15

CITY OF MADISON

Please Print	PLEASE PRINT CLEARLY			
Agenda No. 40772	Name Address Mille Malur ave			
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose	and 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," provide the name of who you represent and go on to the next question.)				
Name, address and telephone number of each personal Let Tt Ride Cold	on or organization you are representing:			
Are you being paid for your representation?	Yes No			
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not compquestion.)	s for this person or organization? Yes No olete the rest of this form. If you answered "yes," go on to the next			
Speaking Limits: Public Hearing (Common of Information Hearing Other Items	3 minutes			

	TAGE Z
Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe 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.)
If you are be that:	ing 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?
Please go to Room 103 of to	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 17	Signature Mille McOnfile

Date: 12/9/15

CITY OF MADISON

DI DI			
Please Print		PLEASE PRINT CLEARLY	
Agenda No	0772	Name Mat Allers Address 2117 Oakrid Madour, W	stein ge Ave UI 53764
Please check the app	propriate boxes:		
Support Oppose Neither S	upport Nor Oppose		oeak sh to speak to answer questions
(If you answered "n of who you represen	o," STOP; you need not com t and go on to the next questi	tion or a person other than yourself: aplete the rest of this form. If you are ion.) rson or organization you are represe	iswered "yes," provide the name
Are you being paid	for your representation?		Yes No
Are you appearing a (If you answered "n question.)	s part of your other paid duti o," STOP; you need not con	es for this person or organization? In the person of this form. If you are	Yes No nswered "yes," go on to the next
Speaking Limits:	Public Hearing (Commor Information Hearing Other Items	3 minutes	

Are you an electron other government	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 you	d "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you are being that:	g paid for your representation, or if your appearance is part of other paid duties, please be advised
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
F	f 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 emainder of the calendar year?
Please go to t Room 103 of the	he City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information.)
Date $12/9$	Signature Management
	Print Name Most Allenston

Date: 12-9-15

CITY OF MADISON

BOARD OF PARK COMMISSIONERS

COMMITTEE Please Print PLEASE PRINT CLEARLY Please check the appropriate boxes: and Wish to speak Support Do not wish to speak **Oppose** Available to answer questions Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: No Yes 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 question.) Public Hearing (Common Council).....5 minutes Speaking Limits: Information Hearing......3 minutes Other Items......3 minutes

Registration Statement -

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?	
(If you answer this form. 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.)	
If you are being that:	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?	
(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 12-9	Signature Challes	
	Print Name Chris Hoefer	

Date: 17/9/65

CITY OF MADISON

DI D'				
<u>Please Print</u>		PLEASE PRINT CLEARLY		1
Agenda No V	0772	Name OSCAV S Address 571 Eas+B1	suggs 16F	. 🗸
Please check the app	propriate boxes:			
Support Oppose Neither S	upport Nor Oppose	and Wish to speak Do not wish to Available to an	o speak nswer questions	
(If you answered "n of who you represen	o," STOP; you need not con tt and go on to the next quest	tion or a person other than yourself: nplete the rest of this form. If you answer ion.) rson or organization you are representing	red "yes," prov	No ide the name
V. 1-Mg~				
Are you being paid f	for your representation?		Yes 4	No
		es for this person or organization? nplete the rest of this form. If you answe		No on to the next
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 minutes		

Are you an elected official other governmental body?	or employee who is appearing solely on behalf of your office or for your municipality or Yes No
(If you answered "yes" to this form. If you answered	the question, STOP. You need not complete the rest of this form, except that you must sign "no" to the question, go on to the next question.)
If you are being paid for that:	your representation, or if your appearance is part of other paid duties, please be advised
1. Before you with the Cit	engage in lobbying as a lobbyist, you or your principal must file an authorization by Clerk.
2. Your princi City Clerk.	pal is not permitted to authorize you to lobby unless you are registered with the
period (halt	cipal spends or will owe more than \$1,000 for lobbying services in any reporting f year), the principal must file expense statements with the City Clerk for the f the calendar year?
(Please go to the City Cl Room 103 of the City-Coun	erk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ty Building, Madison, for more information.)
Date 12/49/15	Signature Scar Suggs

CITY OF MADISON
Registration Statement - BOARD OF PARK COMMISSIONERS
Please Print PLEASE PRINT CLEARLY
Agenda No. 40772 Address 2090 A-2000 Ave 54 Name STRUE SPERLI V6 Address 2090 A-2000 Ave 554
Please check the appropriate boxes:
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)
Name, address and telephone number of each person or organization you are representing: BANNYMONE THENKE 2090 ATWOOD 24/4 86%
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 nex question.)

Date: _____

Speaking Limits:

Are you an elected office other governmental bod	ial or employee who is appeary?	aring solely on behalf of	your office or for your Yes	municipality or
(If you answered "yes" this form. If you answere	to the question, STOP. You need "no" to the question, go or	need not complete the res n to the next question.)	t of this form, except th	at you must sign
If you are being paid for that:	r your representation, or if y	your appearance is part	of other paid duties, p	lease be advised
1. Before y with the	ou engage in lobbying as a lo City Clerk.	obbyist, you or your prin	cipal must file an author	orization
2. Your prin	ncipal is not permitted to audk.	thorize you to lobby unl	ess you are registered	with the
period (h	rincipal spends or will owe nalf year), the principal mustr of the calendar year?	nore than \$1,000 for lob	bying services in any r ts with the City Clerk	eporting for the
(Please go to the City Room 103 of the City-Co	Clerk's website <u>www.cityof</u> unty Building, Madison, for n	madison.com/clerk/index nore information.)	<u>c.html</u> or go to the C	lerk's Office at
Date 12-9-15	Signature	Sterits	911	
	Print Name	STENE	2) ENITO	

Date: 12/

CITY OF MADISON

Registration Statement	BOARD OF PARK COMMISSIONERS		
	COMMITTEE		
Please Print	PLEASE PRINT CLEARLY		
110777	Name Nastachia Hanger		
Agenda No.	Address 1344 E- W(801 St. #1		
53	madisch, w/ 53703		
Please check the appropriate boxes:			
Support	and Wish to speak		
Oppose	✓ Do not wish to speak✓ Available to answer questions		
Neither Support Nor Oppos	e .		
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 who you represent and go on to the next question.)			
Name, address and telephone number of each	h person or organization you are representing:		
WI(-mar Nel	ghber hoval center.		
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 no question.)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next		
Information Hearing	nmon Council)5 minutes		

Are you an elected official or emploother governmental body?	oyee who is appearing solely on behalf of your office or for your municipality or Yes No
(If you answered "yes" to the questi this form. If you answered "no" to the	on, STOP. You need not complete the rest of this form, except that you must sign the question, go on to the next question.)
If you are being paid for your reprethat:	esentation, or if your appearance is part of other paid duties, please be advised
1. Before you engage ir with the City Clerk.	lobbying as a lobbyist, you or your principal must file an authorization
2. Your principal is not City Clerk.	permitted to authorize you to lobby unless you are registered with the
3. If your principal spen period (half year), the remainder of the cales	nds or will owe more than \$1,000 for lobbying services in any reporting the principal must file expense statements with the City Clerk for the order year?
(Please go to the City Clerk's web Room 103 of the City-County Buildin	osite <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at g, Madison, for more information.)
Date 12/9/15	Signature
	Print Name Wasacha Hanger

Date: 12/9/15

CITY OF MADISON

Please Print		PLEASE PRINT CLEARLY		
Arondo No. 140	777	Name Jen Att		
Agenda No. 40	62	Address I W. G	WI 53	103
Please check the app Support Oppose Neither S	propriate boxes: upport Nor Oppose	and Wish t		
(If you answered "n of who you represen	o," STOP; you need not con tt and go on to the next quest	tion or a person other than yours aplete the rest of this form. If you ion.)	u answered "yes,"	Provide the name
Are you being paid	for your representation?		Yes	M 00
Are you appearing a (If you answered "n question.)	s part of your other paid duti o, " STOP; you need not con	es for this person or organization in the series of this form. If you	n? Yes u answered "yes,"	gó on to the next
Speaking Limits:	Public Hearing (Commor Information Hearing Other Items	3 minutes		

Are you an el other government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answer this form. 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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(Please go to Room 103 of ti	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	Signature
	Print Name

Date: 12 9 15

CITY OF MADISON

BOARD OF PARK COMMISSIONERS Registration Statement -Please Print PLEASE PRINT CLEARLY Name Agenda No. Please check the appropriate boxes: Wish to speak and Support ☑ Do not wish to speak Oppose Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: No Yes 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

Public Hearing (Common Council).....5 minutes

question.)

Speaking Limits:

Are you an elected official or employee who is appearing solely on behalf of your other governmental body?	office or for your municipality or
(If you answered "yes" to the question, STOP. You need not complete the rest of the this form. If you answered "no" to the question, go on to the next question.)	nis form, except that you must sign
If you are being paid for your representation, or if your appearance is part of oth that:	ner paid duties, please be advised
1. Before you engage in lobbying as a lobbyist, you or your principal with the City Clerk.	must file an authorization
2. Your principal is not permitted to authorize you to lobby unless you city Clerk.	ou are registered with the
3. If your principal spends or will owe more than \$1,000 for lobbying period (half year), the principal must file expense statements wit remainder of the calendar year?	services in any reporting h the City Clerk for the
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> Room 103 of the City-County Building, Madison, for more information.)	or go to the Clerk's Office at
Date Signature	
Print Name	

Date: 12/9/15

CITY OF MADISON

D1 D '				
Please Print		PLEASE PRINT CLEARLY		1
Agenda No	<u>q</u>	Name MAX WASIM Address 1618 Jeff MADISON		/
	50	11/10/30/	00 (0) 7 1	
Please check the app	propriate boxes:			
Support Oppose Neither S	upport Nor Oppose		speak vish to speak le to answer questions	
(If you answered "no of who you represen	o," STOP; you need not comp t and go on to the next question	on or a person other than yourselelete the rest of this form. If you don.) on or organization you are represent	answered "yes," provide the na	ıme
		La Tour Attaches		
				7
Are you being paid f	for your representation?		Yes No	
Are you appearing as (If you answered "no question.)	s part of your other paid duties o, "STOP; you need not comp	s for this person or organization? lete the rest of this form. If you	Yes No answered "yes," go on to the n	ıext
Speaking Limits:	Public Hearing (Common Common Information Hearing	3 minutes		

Are you an electron other government	eted 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 you	d "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
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I	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 t Room 103 of the	he City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information.)
Date	Signature
	Print Name

CITY OF MADISON

Please Print	PLEASE PRINT CLEARLY
Agenda No. 407	Name Kobant JoHNSON Address 1049 EAST JOHNSON 19 MAJSON NT 5370;
Please check the appro	opriate boxes:
At this meeting are yo (If you answered "no,	and Wish to speak Do not wish to speak Available to answer questions ou representing an organization or a person other than yourself: "STOP; you need not complete the rest of this form. If you answered "yes," provide the name and go on to the next question.)
Name, address and tel	ephone number of each person or organization you are representing:
	OUST - COMMUNITER Mill SIFE
Are you being paid for	
Are you appearing as (If you answered "no, question.)	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
Speaking Limits:	Public Hearing (Common Council)5 minutes Information Hearing3 minutes Other Items3 minutes

Are you an el other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes Your office or for your municipality or nental body?
(If you answer this form. 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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(Please go to Room 103 of th	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 / Z/	Print Name Rolling to Hason
	Time Ivanic / p/2/en/

	CITY OF MADISON		
Registration Statement	BOARD OF PARK COMMISSIONERS COMMITTEE		
Please Print	PLEASE PRINT CLEARLY		
Agenda No. 40772	Name Robin Malolin Address 2011SLAUD DR MADISON WI		
Please check the appropriate boxes:			
Support Oppose Neither Support Nor Oppose			
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 nam of who you represent and go on to the next question.)			
Name, address and telephone number of each	hon 944 William Sm St. 3375		
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.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next		

Date: _____

Speaking Limits:

Are you an elected official or employother governmental body?	yee who is appearing solely on behalf of your office or for your municipality or Yes No
(If you answered "yes" to the question this form. If you answered "no" to the	on, STOP. You need not complete the rest of this form, except that you must sign e question, go on to the next question.)
If you are being paid for your representat:	sentation, or if your appearance is part of other paid duties, please be advised
1. Before you engage in with the City Clerk.	lobbying as a lobbyist, you or your principal must file an authorization
2. Your principal is not City Clerk.	permitted to authorize you to lobby unless you are registered with the
3. If your principal spend period (half year), the remainder of the calen	ds or will owe more than \$1,000 for lobbying services in any reporting e principal must file expense statements with the City Clerk for the dar year?
Please go to the City Clerk's web. Room 103 of the City-County Building	site <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at g, Madison, for more information.)
Date	G
Jaic	Signature
	Print Name

CITY OF MADISON

Registration Statem	nent - BOARD OF PARK COMMISSIONERS
Please Print	PLEASE PRINT CLEARLY
Agenda No. 40772	Name Peregrine Reed Balas Address 3342 U. Wilson St. Medison WI 53703
(If you answered "no," STOP; you of who you represent and go on to t	and Wish to speak Do not wish to speak Available to answer questions g an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your represe	entation?
Are you appearing as part of your o (If you answered "no," STOP; you question.)	other paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the nex
Information	ing (Common Council)5 minutes Hearing

Are you an e other government	lected official or employee who is appearing solely on behalf of your office or for your municipality o mental body?
(If you answe 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.)
If you are be 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 Room 103 of t	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	19/15 Signature Perceptive Reed Balas

CITY OF MADISON

BOARD OF PARK COMMISSIONERS Registration Statement -Please Print PLEASE PRINT CLEARLY Please check the appropriate boxes: .Wish to speak and Support Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and 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? 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 answered "yes," go on to the next

Public Hearing (Common Council).....5 minutes

Information Hearing.......3 minutes
Other Items.......3 minutes

question.)

Speaking Limits:

TEGOTTATION OF A LIMITATION OF	
Are you an elected official or employee who is appearing solely on behalf of your office or for your much other governmental body?	
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you this form. If you answered "no" to the question, go on to the next question.)	ı must sign
If you are being paid for your representation, or if your appearance is part of other paid duties, please that:	be advised
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorizat with the City Clerk.	on
2. Your principal is not permitted to authorize you to lobby unless you are registered with City Clerk.	he
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 remainder of the calendar year?	ng he
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Room 103 of the City-County Building, Madison, for more information.)	Office at
Date 12/9/2015 Signature 2016	
Print Name Branch A Fieldock	

CITY OF MADISON

Please Print		PLEASE PRINT CLEARLY		
Agenda No. 40	172	Name David Arnn Address 4905 Marvin Madison WE		
Please check the appr	ropriate boxes:			
Support Oppose Neither Su	ipport Nor Oppose	and Wish to speak Do not wish t Available to a		
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 who you represent and go on to the next question.)			e name	
Name, address and te	lephone number of each per	son or organization you are representing	g:	
Are you being paid fo	or your representation?		Yes No	
Are you appearing as (If you answered "no question.)	part of your other paid dutie," STOP; you need not com	es for this person or organization? splete the rest of this form. If you answ	Yes No ered "yes," go on to t	he next
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 minutes		

Are you an elected official or emploother governmental body?	yee who is appearing solely on behalf of your office or for your municipality or Yes No
(If you answered "yes" to the questi this form. If you answered "no" to the	on, STOP. You need not complete the rest of this form, except that you must sign he question, go on to the next question.)
If you are being paid for your reprethat:	esentation, or if your appearance is part of other paid duties, please be advised
1. Before you engage in with the City Clerk.	lobbying as a lobbyist, you or your principal must file an authorization
2. Your principal is not City Clerk.	permitted to authorize you to lobby unless you are registered with the
3. If your principal spen period (half year), the remainder of the cale	nds or will owe more than \$1,000 for lobbying services in any reporting ne principal must file expense statements with the City Clerk for the ndar year?
(Please go to the City Clerk's wel Room 103 of the City-County Buildin	osite <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at g, Madison, for more information.)
Date	Signature
	Print Name

Date: Dec 9, 7015

CITY OF MADISON

Dlagge Drint				N	
Please Print		PLEASE PRINT CL	EARLY		
Agenda No.	0772	Name $\frac{1}{2}$	igh Szucisy Williams	L and	1
	44	VM c	disonail	N153705	>
			A SOU D S - VX		
Please check the app	ropriate boxes:				
Support Oppose		and [Wish to speak Do not wish to speak Available to answ	eak	
	apport Nor Oppose	У	1 Available to answ	er questions	
(If you answered "no of who you represent	ou representing an organization," STOP; you need not competend go on to the next question elephone number of each personal content of each persona	olete the rest of this for on.)	rm. If you answered	Yes ANo "yes," provide the	e name
Are you being paid for	or your representation?			Yes No	
Are you appearing as (If you answered "no question.)	s part of your other paid dutien, "STOP; you need not com	s for this person or org plete the rest of this fo	ganization? orm. If you answered	Yes No No ''yes," go on to th	he nexi
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 minutes	S		

Are you an elother government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe 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.)
If you are be 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 Room 103 of t	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	Signature
	Print Name

CITY OF MADISON

D1 D ' /	
<u>Please Print</u>	PLEASE PRINT CLEARLY
Agenda No. 9	Name Heidi Van Nurden Address 212 E. Coldspring Ave. Madison, WI 53716
Please check the appropriate b	es:
Support Oppose Neither Support	
(If you answered "no," STOP of who you represent and go o	
Name, address and telephone	mber of each person or organization you are representing:
Are you being paid for your re	esentation? Yes No
Are you appearing as part of y (If you answered "no," STOP question.)	r other paid duties for this person or organization? Yes No you need not complete the rest of this form. If you answered "yes," go on to the next
Inform	earing (Common Council)5 minutes on Hearing3 minutes

Are you an e	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	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.)
If you are be 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 Room 103 of t	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/2_	19/2015 Signature Verdi Van Nurgh
	Print Name Heidi Van Nurden

CITY OF MADISON

Please Print					
<u>1 10030 1 11110</u>		PLEASE	PRINT CLEARLY	. 0	
	a	Name	Jason Van	V-10	en
Agenda No		Address	jasonvannura	pondo	Mail. (Om)
	42		Jess		
Please check the app	propriate boxes:				
Support			and Wish to spe	ak	
Oppose			Do not wish	to speak	
	upport Nor Oppose		Available to	answer ques	stions
(If you answered "no of who you represent	you representing an organization, "STOP; you need not compet and go on to the next question elephone number of each pers	plete the rest on.)	of this form. If you answ		No provide the name
Are you being paid for	or your representation?			Yes	DKN0
Are you appearing as (If you answered "no question.)	s part of your other paid dutien, "STOP; you need not comp	s for this per plete the rest	son or organization? of this form. If you ans	☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Common	Council)	5 minutes		
	Information Hearing				
	Other Items		3 minutes		

Are you an elother government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe 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.)
If you are be 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 Room 103 of t	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	12/9/15 Signature
	Print Name Jason Van Duch

CITY OF MADISON

Please Print	PLEASE PRINT CLEARLY		
Agenda No. 40772	Name Justin Spindler Address 5578 Dacks Dive Placer LI 54467		
Please check the appropriate boxes:			
Support Oppose Neither Support Nor Oppose	and 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 X No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)			
Name, address and telephone number of each person	n or organization you are representing:		
Are you being paid for your representation?	☐ Yes ✓ No		
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not compl question.)	for this person or organization?		
Speaking Limits: Public Hearing (Common Conformation Hearing	3 minutes		

Are you an ele other 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 you	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.)
If you are bein that:	g paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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 t Room 103 of the	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information.)
Date 12/9	/15 Signature
	Print Name South Spindler

CITY OF MADISON

Please Print		PLEASE PRINT	CLEARLY		
Agenda No. 407Z	² Z 40	Name Rive Address 921	r Alterna Jenifer	nn st	
Please check the appro	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose	and	Wish to speak Do not wish t Available to a	c o speak answer quest	tions
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 who you represent and go on to the next question.)					
Name, address and tele	ephone number of each person	n or organization y	you are representin	ng:	
Foshizzle					
Are you being paid for	r your representation?			Yes	No
Are you appearing as partial (If you answered "no, question.)	part of your other paid duties "STOP; you need not compl	for this person or dete the rest of this	organization? form. If you answ	Yes ered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Common C Information Hearing	3 minu	tes		

Are you an e other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	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.)
If you are be that:	ing 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?
(Please go to Room 103 of t	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 29/20	Signature River Akemann
	Print Name River Akemann

Date:			
Date:			
Duce.		 	

CITY OF MADISON

Please Print	PLEASE PRINT CLEARLY				
Agenda No. 40 772	Name Jennika Bashan Address 334/2 West Wilson St Malison WI 5370				
Please check the appropriate boxes:					
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions				
(If you answered "no," STOP; you need not comple	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 who you represent and go on to the next question.)				
Name, address and telephone number of each person	on or organization you are representing:				
Are you being paid for your representation?	☐ Yes ☐ Yo				
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not complete question.)	for this person or organization? Yes No lete the rest of this form. If you answered "yes," go on to the next				
Speaking Limits: Public Hearing (Common Common Hearing Common Common Hearing Common Common Hearing Common Common Common Common Hearing Common	3 minutes				

other governmental body?	e who is appearing solely on behalf of you	r office or for your municipality or Yes No
(If you answered "yes" to the question, this form. If you answered "no" to the q	STOP. You need not complete the rest of question, go on to the next question.)	this form, except that you must sign
If you are being paid for your represent that:	ntation, or if your appearance is part of o	ther paid duties, please be advised
1. Before you engage in lol with the City Clerk.	bbying as a lobbyist, you or your principa	ll must file an authorization
2. Your principal is not per City Clerk.	rmitted to authorize you to lobby unless	you are registered with the
3. If your principal spends period (half year), the premainder of the calendary	or will owe more than \$1,000 for lobbying principal must file expense statements we ryear?	ng services in any reporting with the City Clerk for the
(Please go to the City Clerk's website Room 103 of the City-County Building, M	e <u>www.cityofmadison.com/clerk/index.htm</u> Madison, for more information.)	al or go to the Clerk's Office at
Date 12/4//5	Signature Junt 13	
	Print Name Jennika	Bastlan

CITY OF MADISON

Please Print			
1 lease 1 mit		PLEASE PRINT CLEARLY	
110	71)	Name Tess Kelloga	
Agenda No.	110	Address 334,5 West Wilso,	nst.
	38	Madison wit 5:	3403
Please check the appr	copriate boxes:		
Support		and Wish to speak	
Oppose		Do not wish to speak Available to answer q	
/ A A	ipport Nor Oppose	Available to answer q	uestions
(If you answered "no of who you represent Name, address and te	o," STOP; you need not complete and go on to the next question elephone number of each person	on or a person other than yourself: Ye lete the rest of this form. If you answered "ye n.) on or organization you are representing:	s," provide the name
Magan De	MMISSY		
Are you being paid for	or your representation?	Ye	s 🛮 No
Are you appearing as (If you answered "no question.)	part of your other paid duties," STOP; you need not comp	s for this person or organization? Ye lete the rest of this form. If you answered "ye	
Speaking Limits:	Public Hearing (Common Common Information Hearing	3 minutes	

 (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: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 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.) 	Are you an el other governm	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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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 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	If you are beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
Room 103 of the City-County Building, Madison, for more information.) Date Signature	3.	period (half year), the principal must file expense statements with the City Clerk for the
	(Please go to Room 103 of to	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.)
	Data	Si
Print Name	Date	Print Name

Date: 12-9-15

CITY OF MADISON

Please Print	PLEASE PRINT CLEARLY
Agenda No. 4072	Name Hunner Diener Address 5341/2 W Wilson J Madism
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose At this meeting are you representing an organization (If you answered "no," STOP; you need not comp	and Wish to speak Do not wish to speak Available to answer questions on or a person other than yourself: Yes No lete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next question. Name, address and telephone number of each person.	n.)
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid duties (If you answered "no," STOP ; you need not comp question.)	s for this person or organization? Yes No lete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits: Public Hearing (Common Common Common Hearing Common Common Hearing Common Co	3 minutes

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?
(If you answer this form. 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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Please go to Room 103 of ti	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	Signature
	Print Name

CITY OF MADISON

Please Print		PLEASE	PRINT CLE			
Agenda No.	36	Name Address	Kali ASO MAD	leen k 24 Cl 750N	AMDE, WI	1. TUCKE V ROA 53716-12
Please check the appr	opriate boxes:				∇	
Support Oppose Neither Su	pport Nor Oppose		and	Wish to spea Do not wish Available to		tions
(If you answered "no,	ou representing an organizatio "STOP; you need not compland go on to the next question	lete the resi	on other than	n yourself: 1. If you answ	☐ Yes vered "yes,"	No provide the name
Name, address and te	lephone number of each perso	n or organi	zation you a	are representi	ng:	
Are you being paid fo	r your representation?				Yes	No
Are you appearing as (If you answered "no, question.)	part of your other paid duties "STOP; you need not comp	for this per lete the res	rson or orga t of this form	nization? n. If you ansv	Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Common C Information Hearing Other Items		3 minutes			

Are you an e other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	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.)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	Print Name

CITY OF MADISON

Please Print Please Print Please Print Clearly	Dlagg Drint	
Address 72.6 MESTA LN #3 MADISON, WJ 53764 Please check the appropriate boxes: Support	Flease Ffini	PLEASE PRINT CLEARLY
Please check the appropriate boxes: Support	110777	Name MICHAEL PILSNER
Please check the appropriate boxes: Support	Agenda No. 40772	Address 726 MESTA LN #3
Please check the appropriate boxes: Support	35	MADIGON, WJ 53704
Oppose Neither Support Nor Oppose 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 who you represent and 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	Please check the appropriate boxes:	
Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and 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	Support	and Wish to speak
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 who you represent and 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		Do not wish to speak Available to answer questions
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and 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	Neither Support Nor Oppose	
Are you appearing as part of your other paid duties for this person or organization?	(If you answered "no," STOP ; you need not complete of who you represent and go on to the next question	ete the rest of this form. If you answered "yes," provide the name
Are you appearing as part of your other paid duties for this person or organization?		
Are you appearing as part of your other paid duties for this person or organization?		
Are you appearing as part of your other paid duties for this person or organization?		
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	Are you being paid for your representation?	☐ Yes ☐ No
question.)	(If you answered "no," STOP; you need not compl	for this person or organization? Yes No ete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Council)5 minutes	Speaking Limits: Public Hearing (Common Common Comm	ouncil)5 minutes
Information Hearing		

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?	
(If you answer this form. 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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(Please go to Room 103 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at a city-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date: 12-9-15

CITY OF MADISON

Please Print	
1 loase 1 lill	PLEASE PRINT CLEARLY
Agenda No. 40772	Name Haron Berry Address 307, S. Few St Madison, WI 53703
Please check the appropriate boxes:	
Support Oppose Neither Support Nor C	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing (If you answered "no," STOP; you no f who you represent and go on to the	an organization or a person other than yourself: Yes weed not complete the rest of this form. If you answered "yes," provide the name to next question.)
Name, address and telephone number Tuli e Speurs 30	of each person or organization you are representing: 60 7 S. Few St. Madison, WI 53703 239
Are you being paid for your represen	tation? Yes No
Are you appearing as part of your oth (If you answered "no," STOP; you requestion.)	ner paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Information F	g (Common Council)5 minutes Hearing

Are yo	ou an ele governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you this for	answer rm. 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.)
If you that:	are beir	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?
(Please Room 1	go to 103 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: 12-9-15

CITY OF MADISON

Please Print	PLEASE PRINT CLEARLY
Agenda No. 40777 33	Name Joseph Mausell Address 813 Williamson St, Apt 1 Macison, WI 53763
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
of who you represent and go on to the next quest	nplete the rest of this form. If you answered "yes," provide the name tion.)
Name, address and telephone number of each pe	rson or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duti (If you answered "no," STOP; you need not conquestion.)	ies for this person or organization?
Speaking Limits: Public Hearing (Commor Information Hearing Other Items	3 minutes

Are you an electe other government	ed official or employee who is appearing solely on behalf of your office or for your municipality or al body?
(If you answered this form. If you a	"yes" to the question, STOP. You need not complete the rest of this form, except that you must sign inswered "no" to the question, go on to the next question.)
If you are being per that:	paid for your representation, or if your appearance is part of other paid duties, please be advised
	efore you engage in lobbying as a lobbyist, you or your principal must file an authorization th the City Clerk.
	our principal is not permitted to authorize you to lobby unless you are registered with the ty Clerk.
pe	your principal spends or will owe more than \$1,000 for lobbying services in any reporting riod (half year), the principal must file expense statements with the City Clerk for the mainder of the calendar year?
(Please go to the Room 103 of the C	c City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:		
	 	_

CITY OF MADISON

Registration Statement	BOARD OF PARK COMMISSIONERS COMMITTEE
Please Print Agenda No. 40 777	PLEASE PRINT CLEARLY Name Dick Goyot Address 936 Jenish Madoson
Please check the appropriate boxes: Support Oppose TT Should be Neither Support Nor Oppose At this meeting are you representing an organ. If you answered "no," STOP; you need not of who you represent and go on to the next que Name, address and telephone number of each	ization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name testion.)
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid day of you answered "no," STOP ; you need not onestion.)	luties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	non Council)5 minutes

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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.)
If you are bei that:	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.
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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 he City-County Building, Madison, for more information.)
Date	Signature
	Print Name

CITY OF MADISON

Please Print			
riease riiit		PLEASE PRINT CLEARLY	
Agenda No		Name Devin At Address 123 N B/	Shere boont st #403 Di 53703
T-12.1 ADV	31	Medisona	01 53703
Please check the appre	opriate boxes:		
Support Oppose Neither Su	pport Nor Oppose	and Wish to sp Do not wis Available	
(If you answered "no,	ou representing an organization of the company of the next question on to the next question.	on or a person other than yourself: lete the rest of this form. If you and n.)	☐ Yes ☒️No swered "yes," provide the name
Name, address and tel	ephone number of each person	on or organization you are represen	nting:
THE PERSON			
Are you being paid for	r your representation?		☐ Yes ☐ No
Are you appearing as (If you answered "no, question.)	part of your other paid duties "STOP; you need not comp	s for this person or organization? plete the rest of this form. If you are	Yes No No swered "yes," go on to the nex
Speaking Limits:	Public Hearing (Common Conformation Hearing	3 minutes	

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 answer this form. If yo	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)	
If you are being that:	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?	
(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 12/9/16 Signature		
	Print Name Jevin Hosheve	

CITY OF MADISON

Please Print		
		PLEASE PRINT CLEARLY
A Comment of the Comm	110770	Name JUSTIN KIBBEL
Agenda No.	9011d	Address 206 S. FIRST ST #11
	30	MADISON, WI 53704
Please check the ap	propriate boxes:	
Support		and Wish to speak
Oppose Support		Do not wish to speak
	Support Nor Oppose	Available to answer questions
	nt and go on to the next que	person or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☑ No
		luties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	non Council)5 minutes3 minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			ty or
(If you answered "yes" to the question this form. If you answered "no" to the	, STOP. You need not complete the rest of this question, go on to the next question.)	form, except that you must	sign
If you are being paid for your represe that:	entation, or if your appearance is part of other	paid duties, please be adv	vised
1. Before you engage in I with the City Clerk.	obbying as a lobbyist, you or your principal m	ust file an authorization	
2. Your principal is not p City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
period (half year), the	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	Signature		
	Print Name		

CITY OF MADISON

Please Print		PLEASE PRINT CLEARLY		
Agenda No	29	Name Andrew Address 130 Ta	Paeske Imadge 5	· · · · · · · · · · · · · · · · · · ·
Please check the appr	ropriate boxes:			
Support Oppose Neither Su	ipport Nor Oppose	Do not	o speak t wish to speak ble to answer ques	stions
(If you answered "no of who you represent	," STOP; you need not compand go on to the next question		u answered "yes,"	No provide the name
Name, address and te	lephone number of each pers	son or organization you are repr	esenting:	
Are you being paid fo	r your representation?		Yes	No
		es for this person or organization plete the rest of this form. If you		No go on to the next
Speaking Limits:	Public Hearing (Common of Information Hearing	3 minutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?		
	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.)	
If you are bein that:	g paid for your representation, or if your appearance is part of other paid duties, please be advised	
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	
	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 e City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Registration Statement	BOARD OF PARK COMMISSIONERS COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. #9 40772	Name Tyan Richards Address 6473 Inne Dr. Madison WI
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name uestion.)
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 of (If you answered "no," STOP; you need not question.)	luties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	non Council)5 minutes3 minutes

CITY OF MADISON

Date:

Are you an e other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe 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.)
If you are be 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 Room 103 of t	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	Signature
	Print Name

Date:			

CITY OF MADISON

<u>Please Print</u>		PLEASE PRIN			
110		Name /	Cimberly 1326 Dor madis	Follet	-
Agenda No.	772	Address	1326 Do	reaste 1)~
	27		madis	on, NI	53711
Please check the appr	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose	and	☐ Wish to spe ☐ Do not wish ☐ Available to		stions
(If you answered "no	ou representing an organization," STOP; you need not compand go on to the next question	lete the rest of th			No provide the name
Name, address and te	lephone number of each perso	on or organization	n you are represent	ting:	
		· · · · · · · · · · · · · · · · · · ·			
				K ALT	
Are you being paid fo	r your representation?		The	Yes	No
	part of your other paid duties "STOP; you need not comp			Yes wered "yes,"	No_ o on to the next
Speaking Limits:	Public Hearing (Common C Information Hearing	3 min	nutes		

Are you an el other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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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	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	Signature
	Print Name

	CITY OF MADISON
Registration Statement -	BOARD OF PARK COMMISSIONERS COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 4077 2	Name Jared Perez. Address 6004 Schroeder Rd. Madison (1): 52711
Please check the appropriate boxes:	11001 13013 (21) 53 (1)
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
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 of (If you answered "no," STOP; you need not	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next

Date: _____

Public Hearing (Common Council).....5 minutes Information Hearing........3 minutes Other Items............3 minutes

question.)

Speaking Limits:

Are you an el other government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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.)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 he City-County Building, Madison, for more information.)
D	
Date	Signature
	Print Name

Date: 09 Dec 15

CITY OF MADISON

<u>Please Print</u>		PLEASE PRINT CLEARLY		
Agenda No. 40	25	Name Lane Alexa Address 726 Mesta Madison,	ander In #3 WI 53	3704
Please check the ap	ppropriate boxes:			
Support Oppose Neither S	Support Nor Oppose		speak vish to speak e to answer que:	stions
(If you answered "i of who you represe	no," STOP; you need not com nt and go on to the next questi	tion or a person other than yourself aplete the rest of this form. If you a tion.) The son or organization you are representation.	inswered "yes,"	No Provide the name
Are you being paid	for your representation?		Yes	≥ No
		es for this person or organization? aplete the rest of this form. If you a	Yes Yes, "	
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 minutes		

Are you an el other government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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.)
that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 he City-County Building, Madison, for more information.)
Date	Signature
	Print Name

CITY OF MADISON

Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Emma Hetzel Address 610 Hudson Ave
24	Madison, W1 53704
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next quantum of the next quantum of the next quantum of the next quantum or th	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
Wil-Mar Neighborhood	Association
9	
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.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
	mon Council)5 minutes

Are you an el other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
(If you answer this form. If yo	(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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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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 Room 103 of th	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 12 9	Signature Emma Hetzel Print Name Emma Hetzel		

CITY OF MADISON

Please Print	DI FACE DRINT OF FADILY
	Name Rob Hetzel
Agenda No.	Address 6/0 Hudson Ave
23	Madison w/
Please check the appropriate boxes:	
Support✓ OpposeNeither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organizar (If you answered "no," STOP; you need not come of who you represent and go on to the next question.	uplete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each per Wil-Mar Neighborhood Assoc	
Are you being paid for your representation?	☐ Yes 🕍 No
Are you appearing as part of your other paid dution (If you answered "no," STOP; you need not compuestion.)	es for this person or organization?
Speaking Limits: Public Hearing (Common Information Hearing Other Items	3 minutes

	REGISTRATION STATEMENT - FAGE 2
Are you an ele other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	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.)
If you are being that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
	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 e City-County Building, Madison, for more information.)
Date 12 0	Signature Print Name RobeA Hetzel

CITY OF MADISON

Please Print	
ricase rimi	PLEASE PRINT CLEARLY
(3 (4.722)	Name GELAWINE PARIS VASOUR
Agenda No.	Address 206 DUNNING ST
28	MADSON, W153704
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
of who you represent and go on to the next questi Name, address and telephone number of each per	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid dutie (If you answered "no," STOP; you need not comquestion.)	es for this person or organization? Yes No pplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common	
Information Hearing Other Items	

Are you an ele other governm	ected 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	(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 that:	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.			
	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 <u>12/09</u>	1015 Signature Gerende Muy .			
	Print Name GELACOINE PAREDES VASOUR			

Date:	

CITY OF MADISON

Please Print		PLEASE PRINT CLEARLY
Agenda No.	20	Name LAURIE FRANK Address 1337 JENIFER ST MADISON 53703
Please check the appr	ropriate boxes:	
Support Oppose Neither Su	pport Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no		ion or a person other than yourself: Yes No plete the rest of this form. If you answered "yes," provide the name on.)
Name, address and te	lephone number of each pers	son or organization you are representing:
Are you being paid fo	r your representation?	☐ Yes ☐ No
		es for this person or organization? Yes No plete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing (Common of Information Hearing	3 minutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you that:	are bein	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 the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

CITY OF MADISON

Please Print	PLEASE PRINT CLEARLY 1/9
Agenda No.	Name Daniel Hobson Address 1409 Rufledgo St
19	Madisa, WI
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organization (If you answered "no," STOP ; you need not complete of who you represent and go on to the next question	ete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each person	n or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties (If you answered "no," STOP ; you need not complet question.)	for this person or organization? Yes No ete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Conformation Hearing	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
(If you answ this form. I	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 I that:	being 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?
(Please go Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fthe City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 129-15

CITY OF MADISON

Please Print		PLEASE PRINT CLEARLY			
Agenda No	18	Name JUHE Address 1112 E Da	281 st 53703		
Please check the app	ropriate boxes:				
Support Oppose Neither Su	apport Nor Oppose	Do not	o speak t wish to speak ble to answer ques	tions	
(If you answered "no	ou representing an organizat o, " STOP; you need not com t and go on to the next questi	tion or a person other than yourse uplete the rest of this form. If you ion.)	elf: Yes u answered "yes,"	No provide the	name
Name, address and to	elephone number of each per	rson or organization you are repr	esenting:		
Are you being paid for	or your representation?		Yes	No No	
Are you appearing as (If you answered "no question.)	part of your other paid dutie, "STOP; you need not com	es for this person or organization uplete the rest of this form. If you	n?	No go on to th	e nexi
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 minutes			

Are you an elected office other governmental bod	cial or employee who is appearing solely on behay?	lf of your office or for your municipality or Yes No
(If you answered "yes" this form. If you answer	to the question, STOP. You need not complete the ed "no" to the question, go on to the next question	e rest of this form, except that you must sign n.)
If you are being paid for that:	or your representation, or if your appearance is	part of other paid duties, please be advised
	ou engage in lobbying as a lobbyist, you or your City Clerk.	principal must file an authorization
2. Your pri	ncipal is not permitted to authorize you to lobby	unless you are registered with the
period (l	rincipal spends or will owe more than \$1,000 for half year), the principal must file expense state or of the calendar year?	r lobbying services in any reporting ments with the City Clerk for the
(Please go to the City Room 103 of the City-Co	Clerk's website <u>www.cityofmadison.com/clerk/i</u> ounty Building, Madison, for more information.)	ndex.html or go to the Clerk's Office at
Date	Signature	
	Print Name	

CITY OF MADISON

Please Print		DI EACE DOING	TOLEADLY		
Agenda No. #	9	Name Address 70	ADISON	VILIPH NTAN AV	18 #1
Please check the ap	propriate boxes:				
Support Oppose Neither S	Support Nor Oppose	and	Wish to sp Do not wis Available		stions
(If you answered "r of who you represer	you representing an organizate to one of some of some of the sext question of each personal process of each personal proc	plete the rest of this	is form. If you and	swered "yes,"	No provide the name
Are you being paid	for your representation?			Yes	□No
	s part of your other paid dutie o," STOP; you need not com			Yes Yes,"	No on to the next
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 minu	utes		

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
		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.)
If you that:	are bein	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?
•	0	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: 12-9-2015

CITY OF MADISON

Please Print	
riease rimit	PLEASE PRINT CLEARLY
Agenda No. # 9	Name Scott H Mueller Address 2022 E- Curshington Auc Madison Wi
/6	Markson Wi
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organization (If you answered "no," STOP ; you need not compose of who you represent and go on to the next question	olete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each person	on or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not comp question.)	s for this person or organization? Yes No lete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Conference of Information Hearing	3 minutes

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?
	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.)
If you are beithat:	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?
(Please go to Room 103 of ti	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	Signature
	Print Name

Date:			-	

CITY OF MADISON

Please Print	PLEASE PRINT CLEARLY
Agenda No. 40 772 #9	Name Kobert J. Bingham Address 4009 Hegg Ave Madison, Wi
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name t question.)
Name, address and telephone number of each	ach person or organization you are representing:
Are you being paid for your representation	n? Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need r question.)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	ommon Council)5 minutes ng3 minutes3 minutes

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 answer this form. 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.)
If you are being that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go to Room 103 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)
Date	Signature Rate A Description
	Print Name

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

71 7 .			
Please Print		PLEASE PRINT CLEARLY	√
Agenda No.	13	Name Jack Address 1045 B	Leav Wilson St out 53703
Please check the app	propriate boxes:		
At this meeting are y (If you answered "n of who you represen	o," STOP; you need not co tt and go on to the next ques	Do not Availa Availa ation or a person other than yours amplete the rest of this form. If you	in answered "yes," provide the name
	for your representation?		☐ Yes ☐No
Are you appearing a (If you answered "n question.)	s part of your other paid du o," STOP; you need not co	ties for this person or organization omplete the rest of this form. If yo	n? Yes No u answered "yes," go on to the next
Speaking Limits:		on Council)5 minutes	

Other Items......3' minutes

Are you an ele other governme	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental 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 bein that:	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.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
	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	Signature		
	Print Name		

CITY OF MADISON



Please Print		PLEASE PRINT CLEARLY	
Agenda No.	772	Name Rich Z Address 1944 E. W	Justington Ave WI 53704
Please check the app Support Oppose Neither St	ropriate boxes:	and ⊠ Wish to sp ☐ Do not wi	
(If you answered "no of who you represent	o," STOP; you need not come t and go on to the next questi	ion or a person other than yourself: splete the rest of this form. If you are on.) son or organization you are represe	nswered "yes," provide the name
Are you being paid for your representation?			Yes No
		es for this person or organization? aplete the rest of this form. If you are	Yes No nswered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing	3 minutes	

Are you an e other govern	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	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.)
If you are be that:	ing 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?
Please go to Room 103 of i	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: 12 9 15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS COMMITTEE

Please Print		PLEASE PRINT CLEARLY	,	
Agenda No	40772	Name Zennis Address 5004 M	tabert Taher Ave	
Please check the appre	opriate boxes:			
Support Oppose Neither Su	pport Nor Oppose	and Wish to specific Do not wish Available to		
At this meeting are you representing an organization or a person other than yourself: Yes Wo (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)				
Name, address and tel	ephone number of each person	on or organization you are represent	ting:	
Are you being paid fo	r your representation?		Yes No	
Are you appearing as (If you answered "no, question.)	part of your other paid duties "STOP; you need not comp	s for this person or organization? blete the rest of this form. If you and	Yes No Wered "yes," go on to the next	
Speaking Limits:	Public Hearing (Common Conformation Hearing	3 minutes		

re you an elected official or employee who is appearing solely on behalf of your office or for your municipality of ther governmental body?		
f you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign iis form. If you answered "no" to the question, go on to the next question.)		
you are being paid for your representation, or if your appearance is part of other paid duties, please be advised at:		
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?		
lease go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at om 103 of the City-County Building, Madison, for more information.)		
te Signature		
Print Name		

Date: 12/9/15

CITY OF MADISON

Registration Statement -	BOARD OF PARK COMMISSIONERS
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 4077Z	Name Jim Thompson
Agenda No. 90112	Address 26 Eldan C+
10	Madign 45 53716
Please check the appropriate boxes:	
Support Oppose	and Wish to speak Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
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.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council)5 minutes

Are you an el other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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.)
If you are beithat:	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	Signature
	Print Name

Date:			
Date.			
Date.			

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS

Please Print	PLEASE PRINT CLEARLY
Agenda No. 940777	Name JOYCE WILSON Address 5304 MAHERAVE MAD ISON WJ 53716
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose At this meeting are you representing an organiz	and Wish to speak Do not wish to speak Available to answer questions ation or a person other than yourself: Yes mplete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next ques Name, address and telephone number of each p	stion.)
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid du	nties for this person or organization?
Information Hearing	on Council)5 minutes

REGISTRATION STATEMENT - PAGE 2	
Are you an elected official or employee who is appearing solely on behalf of your office or for your multiplication of their governmental body?	nicipality or
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that yo this form. If you answered "no" to the question, go on to the next question.)	ou must sign
If you are being paid for your representation, or if your appearance is part of other paid duties, please that:	be advised
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	tion
2. Your principal is not permitted to authorize you to lobby unless you are registered with City Clerk.	the
3. If your principal spends or will owe more than \$1,000 for lobbying services in any report period (half year), the principal must file expense statements with the City Clerk for remainder of the calendar year?	ing the
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Room 103 of the City-County Building, Madison, for more information.)	Office at
Date 12/09/2015 Signature + 5xe 2 Wilson	
Print Name Joy LE WILSON	

Date: 12/09/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS

71 71		
Please Print		PLEASE PRINT CLEARLY
40	7772	Name Lucie Di Maggio
Agenda No.	- 110	Address 27/4 Sommer Me
	5	Madison, WI
Please check the app	ropriate boxes:	
Support		and Wish to speak
Oppose		Do not wish to speak
/ ==	upport Nor Oppose	Available to answer questions
	ipport itor Oppose.	
(If you answered "no	ou representing an organizate, "STOP; you need not come tand go on to the next questi	tion or a person other than yourself: Yes No plete the rest of this form. If you answered "yes," provide the name ion.)
Name, address and to	elephone number of each per	rson or organization you are representing:
	A TO FREEDOM	
Are you being paid for	or your representation?	☐ Yes ☐ No
Are you appearing as (If you answered "no question.)	s part of your other paid dution, "STOP; you need not com	es for this person or organization? Yes No nplete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing (Common	Council)5 minutes
-L	Information Hearing	
	Other Items	3 minutes

	REGISTRATION STATEWENT - PAGE 2			
Are you an e	elected official or employee who is appearing solely on behalf of your office or for your municipality of mental 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 be that:	sing 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.	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 Room 103 of to	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	109/15 Signature Lucie Demaggie Print Name Lucie D1 Magg10			
	Print Name <u>Xucie Di Massio</u>			

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS COMMITTEE

Please Print		PLEASE PRINT CLEARLY		
Agenda No. 407	3	Name Stain Sand Address 2402 Center Madison, la		
Please check the appr	opriate boxes:		, .	
Support Oppose Neither Su	pport Nor Oppose	and Wish to spe		
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 who you represent and go on to the next question.)				
Name, address and te	lephone number of each per	rson or organization you are represent	ing:	
Are you being paid fo	r your representation?		☐ Yes ☑ No	
		es for this person or organization? aplete the rest of this form. If you ans		
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 minutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	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.)			
If you are beithat:	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 Room 103 of ti	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 12/9	Signature Sandler Print Name Stay Sandler			

Date: S

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS COMMITTEE

Please Print	PLEASE PRINT CLEARLY			
Agenda No. 40772	Name ROBERT STUMBER Address ZIS VAN DEUSEN			
a	MADISON,			
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose	and 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," provide the name of who you represent and 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 (If you answered "no," STOP; you need not complet question.)	for this person or organization? Yes No rete the rest of this form. If you answered "yes," go on to the next			
Speaking Limits: Public Hearing (Common Co Information Hearing	3 minutes			

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?
	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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	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	Signature
	Print Name

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS COMMITTEE

Please Print	ALCOHOLD STREET	PLEASE PRINT CLEARLY	
Agenda No. 40	772	Name DARREN S Address 1048 E .:	STERUO .
rigenda 100.	1	Address 1048 E	wi 53703
Please check the app	propriate boxes:		
Support Oppose Neither S	upport Nor Oppose	and Wish to spea Do not wish Available to	nk to speak answer questions
(If you answered "no		on or a person other than yourself: lete the rest of this form. If you answ n.)	
Name, address and to	elephone number of each person	on or organization you are representi	ng:
Are you being paid for	or your representation?		Yes No
		for this person or organization? lete the rest of this form. If you answ	Yes No Vered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Conformation Hearing	3 minutes	

Are you an elected official or empother governmental body?	loyee who is appearing	solely on behalf of your offi	ice or for you Yes	r municipality or
(If you answered "yes" to the que this form. If you answered "no" to	stion, STOP. You need the question, go on to	not complete the rest of this for the next question.)	orm, except th	at you must sign
If you are being paid for your repthat:	presentation, or if your	appearance is part of other 1	paid duties, p	lease be advised
1. Before you engage with the City Clerk		ist, you or your principal mus	st file an auth	orization
2. Your principal is a City Clerk.	ot permitted to authori	ze you to lobby unless you a	are registered	with the
3. If your principal speriod (half year), remainder of the ca	the principal must file	than \$1,000 for lobbying ser e expense statements with the	vices in any r he City Clerk	eporting for the
(Please go to the City Clerk's v Room 103 of the City-County Build	ebsite <u>www.cityofmadi</u> ling, Madison, for more	ison.com/clerk/index.html or information.)	gd to the C	lerk's Office at
Date 12/9/15	Signature	aren 1		
	Print Name	1 101	DARKE	;N
			ST	ERIA

Date: 129-15

CITY OF MADISON

BOARD OF PARK COMMISSIONERS Registration Statement -COMMITTEE Please Print PLEASE PRINT CLEARLY Name Agenda No. Address Please check the appropriate boxes: Wish to speak and Support Do not wish to speak **Oppose** Available to answer questions Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Yes No 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 question.) Public Hearing (Common Council).....5 minutes Speaking Limits: Information Hearing......3 minutes Other Items......3 minutes

Are you an oother govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If	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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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 //	9-15 Signature 90
	Print Name // SIADIN AKCARCETO IIG

CITY OF WIADISON
Registration Statement - BOARD OF PARK COMMISSIONERS COMMITTEE
Please Print PLEASE PRINT CLEARLY
Agenda No. 40772 Address 1/32 Spaight
Please check the appropriate boxes:
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and 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?
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.)

Date: _

Public Hearing (Common Council).....5 minutes Information Hearing......3 minutes

Other Items......3 minutes

Speaking Limits:

Are you an eother govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	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.)
If you are be that:	eing 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?
(Please go t 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 Nama

CITY OF MADISON

BOARD OF PARK COMMISSIONERS Registration Statement - _ Please Print PLEASE PRINT GLEARLY Agenda No. 40777

Tigorian 1100		Address		MINKIN	Co C	1
	82				20	r - A
Please check the app	ropriate boxes:					¥
At this meeting are y	upport Nor Oppose ou representing an organi	zation or a per omplete the re.	son other than	Wish to speak Do not wish t Available to a yourself: If you answe	Yes	No
	and go on to the next que					•
Name, address and to	elephone number of each p	person or organ	nization you a	re representin	ıg:	
						=
Are you being paid for	or your representation?				Yes	□No
Are you appearing as (If you answered "no question.)	s part of your other paid do," STOP; you need not c	uties for this po omplete the re	erson or organ st of this form	ization? . <i>If you answ</i>	☐ Yes ered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing					

Other Items.....3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou 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.
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?
	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

Date:	29.	15		
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CITY OF MADISON

Registration Statement	BOARD OF PARK COMMISSIONERS COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No	Name Marsha Rummel Address 1029 Sparght St 60
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
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.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	mon Council)5 minutes3 minutes

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:
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Date Signature
Print Name

CITY OF MADISON

BOARD OF PARK COMMISSIONERS

COMMITTEE Please Print PLEASE PRINT CLEARLY Agenda No. 13 PAND Rel Morrona Please check the appropriate boxes: and Wish to speak Support Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Yes No 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 question.) Public Hearing (Common Council).....5 minutes Speaking Limits: Information Hearing....... 3 minutes Other Items......3 minutes

Registration Statement -

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Date	Signature
	Print Name

Alliant Center / Willow Island

May: Brat Fest 4 days + evenings Amped music, fireworks. Willow Island

June: Susan G. Komen Race, 1 day
Amplified voice, noisemakers
Starts at Alliant Center, thru Bay
Creek, no AM egress for neighbors

July: Bhakti Fest, 3 days + evenings Amplified music, Willow Island

July: Dane County Fair, 4-5 days + eves. Amplified music, Willow Island

July: WJJO Band Camp, day + evening Amplified music, Willow Island (not held in 2014)

August: Blacklight Run
Amplified voice, Alliant Center

Aug.-Sept. Color Me Rad
Amplified voice, bass, music
Alliant Center/Willow Island

September: Make-A-Wish Run Amplified voice, Willow Island

OTHER SOURCES
July: Pre-Rhythm & Booms
VFW Club, loud music

August: Dane Dances
Amplified music, bass guitar
Monona Terrace

September: Ironman Triathlon
Amplified voice
Carries across Lake Monona

September: Labor Fest, loud music Park St. @ Wingra

Olin Turville Park

May: Madison Marathon
Amplified voice

May: Glow Time, evening Amplified DJ

June: Ragnar Relays, early AM Amplified voice

June: Rhythm & Booms, day + evening Amplified music

July: Colors Run
Amplified music

July: Capital City 5K Run Amplified voice

August: Great Taste of the Midwest
Amplified music

September: Clean Lakes Festival Amplified music

October: Charter Free Concert
Amplified music

Goodman Pool

Swim meets: Amplified voice

Total 30+ days / evenings of scheduled events using amplified sound systems in one neighborhood

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Amplified DJ

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Amplified music

Goodman Pool

Swim meets: Amplified voice

Total 30+ days / evenings of scheduled events using amplified sound systems in one

neighborhood

Possible solution: city-wide limits on

permitted amplification levels

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OTHER SOURCES
July: Pre-Rhythm & Booms
VFW Club, loud music

August: Dane Dances
Amplified music, bass guitar
Monona Terrace

September: Ironman Triathlon
Amplified voice
Carries across Lake Monona

September: Labor Fest, loud music Park St. @ Wingra

Olin Turville Park

May: Madison MarathonAmplified voice

May: Glow Time, evening Amplified DJ

June: Ragnar Relays, early AM Amplified voice

June: Rhythm & Booms, day + evening Amplified music

July: Colors Run
Amplified music

July: Capital City 5K Run Amplified voice

August: Great Taste of the Midwest Amplified music

September: Clean Lakes Festival Amplified music

October: Charter Free Concert
Amplified music

Goodman Pool

Swim meets: Amplified voice

Total 30+ days / evenings of scheduled events using amplified sound systems in one neighborhood

Handed Out at Meeting



PA Permits and Sound Monitoring at Concert Events in Madison City Parks



Submitted to the City of Madison Board of Parks Commissioners

December, 2015

INTRODUCTION

In 2015, many special events occurred within Madison parks which were approved for the use of amplification. The coordinators of these events obtained PA permits as part of the conditions of using the parks for their events. The number of special events being granted PA permits has risen over the last five years. Consequently, the number of sound related complaints in and around Madison parks has also risen. As a result, the Park Commission has expressed an interest in having staff monitor sound levels at special events in order to enforce both maximum levels of sound permitted and times during which amplified sound is acceptable. The Park Commission also requested a report be made back to them about the results of the sound monitoring conducted at park events in 2015.

In 2015, PA permits came with specific guidelines. All event coordinators using PA permits were given specific times during which they were allowed to use amplified sound. They were also given a maximum sound level at which they could broadcast sound, set for most events at 85 decibels. An example of the language used in such a PA permit to inform organizers of their responsibility in maintaining these conditions is as follows:

Sound levels will be monitored at various places around event perimeter, particularly residential areas near the park. Sound levels are not to exceed 85 decibels within any 1/3 octave band as measured by Parks staff. If readings are above this level, and the organizers are told by Park Staff to comply, they must take action to correct the violation within 10 minutes. If the correction does not occur after 10 minutes, there will be a charge of \$100.00 every 10 minutes the organizer is in violation of the amplification condition. Violation charges will be deducted from the event damage deposit.

SUMMARY

In 2015, sound levels were monitored using a sound level meter with octave band analysis capability at eight park special events:

•	6/13	Marquette Waterfront Festival	Yahara Place Park
•	7/5	Let's Eat Out	Burr Jones Field
•	7/8-7/11	La Fete de Marquette	Central Park
•	7/14	Concert in the Breese	Breese Stevens Field
•	8/8, 15, 16	Central Park Sessions	Central Park
•	8/23	Yum Yum Fest	Central Park
•	8/26-8/31	Orton Park Festival	Orton Park
•	10/2	Avett Brothers Concert	Breese Stevens Field

Six of these events had at least one measurement that was above the permitted decibel level (all except for Let's Eat Out and Concert in the Breese). It should be noted that readings were typically only taken in conditions where it was believed that sound levels may be above the established limit, or when a noise complaint was called into park rangers or Madison police for the area¹. It should also be noted that a large number of the measurements that qualified as above the agreed upon standard were within a 3 dB

¹ An important exception is the Avett Brothers Concert, where readings were taken consistently throughout the evening to assess what kind of levels a concert of this size would have in the surrounding area based upon a collaboration between the organizer and Madison Parks.

margin from the standard. Non-amplified issues, for example crowd noise, could play a significant part in some of these peaks. For most events, there are many park ranger logs showing rangers patrolling the area and judging the sound levels to be within compliance and feeling no need to monitor the levels with the sound meter as a result. This discretion is afforded to ranger staff in the field to ensure they are utilizing tax payer resources efficiently and ensuring they are able to meet the needs of the entire park system. Because of this, the data is naturally skewed to show a high percent of readings which are close to and over the limits set for each event. Simply stated, Madison Parks is confident that the values of readings reflected in this report and analysis is skewed towards a higher decibel output than would have been the average sustained amplified output from these events. Given the lack of resources to allocate to a full scale continual monitoring program (with the exception of the Avett Brothers concert, which was funded by the organizer), this is somewhat anecdotal. However, one objective measure that will show this reduction in adverse impact on non-attendees is the number of complaints from these events from members of the public from 2014 to 2015 (staff is working on quantifying this data currently).

As attempts have been made to enforce conditions of PA permits given to event organizers, organizers have generally demonstrated a willingness to work on reducing sound when asked. When asked to comply with limits, organizers did make alterations at the time of the request. On each of the 3 occasions where ranger staff requested the sound levels be reduced an adjustment was made. Unfortunately, however, on two out of three of these occasions, rangers returned to the events and had to again ask event staff to turn down the sound levels because the levels had gone back up since first contact was made.

8/16 at Central Park for the Central Park Sessions

Between 18:25 and 18:36, five readings were taken at the event. Three of these five readings were over the limit of 85 dB (ranging from 77.5-91.7). When asked, organizers turned down the sound levels.

When rangers returned at 21:18, a reading showed a sound level of 88.9 dB. Organizers again were asked to turn down the sound levels, and again did so when requested.

• 8/23 at Central Park for Yum Yum Fest

At 20:03 event staff were asked to turn down the sound levels. They did so when asked. Rangers were unable to return to the event to see if compliance was maintained.

• 8/30 at Orton Park for Orton Park Festival

A noise complaint was called into MPD at 16:27. Between 16:49 and 16:59, readings were taken which showed sound levels between 87-88 dB. Event staff turned down the sound levels when asked. When rangers returned roughly two hours later, readings were taken between 18:56 and 19:05 which showed sound levels ranging from 87.9 to 93.6 dB. Again, event staff turned down the sound levels when asked.

On two occasions in 2015, park rangers observed special events in parks whose organizers did not have the amplified sound turned off by the time they were required to based on the conditions in their PA permits.

• Orton Park Festival (8/29)

The PA permit for this date expired at 21:45. Two rangers reported to the event and turned the amplified music off from the sound booth at 21:48. However, the band's own amplifiers were not controlled by the house sound and thus the band continued to play until 21:55. Ranger reported that the event organizer was upset that the band continued to play after the sound board was shut down. No citation was issued, as the ranger determined the organizer made every reasonable attempt to comply and that it was the choice of the artist to not comply.

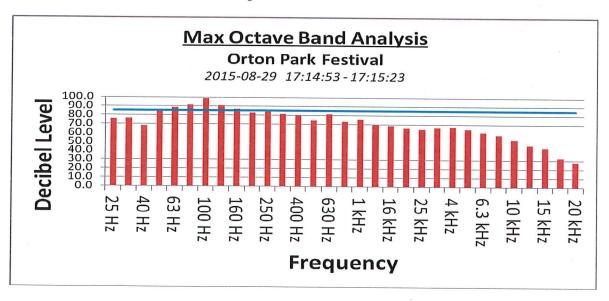
Central Park Sessions (9/3)

The PA permit for this event expired at 22:00. A ranger reported to the event. At 22:00, the event organizer informed the band that they could play another song. The band finished their final song at 22:04. A citation was issued for this violation.

A total of 120 readings were taken at events in Madison parks in 2015. Of these 120 readings, 44 of them (36.67%) had frequencies with values over the limits allowed in the events' PA permits. In nearly all instances, the readings above the prescribed standard occurred in one to four octave bands across the sound spectrum, with the majority of readings in excess of limits being in the 50 – 250 Hz bandwidths. Of the 120 readings, 51 were taken at the Avett Brothers concert at Breese Stevens field on October 2, 2015. The large number of readings is the result of a collaborative effort between the organizer and Madison Parks to ensure a large amount of monitoring was collected to ensure solid analytical tools for post-event evaluation. Park rangers conducted the readings, and Madison Parks was reimbursed for the staff cost associated with this extraordinary service. If these readings are taken out of the aggregate total, 57.97% of the remaining readings at the other seven events monitored were over the limits allowed in the events' PA permits.

DATA AND METHODOLOGY

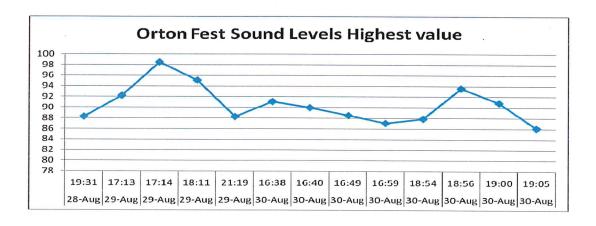
Data is based on maximum octave band analysis as obtained using a Larson Davis SoundTrack LxT1 sound level meter. Data is obtained directly from the sound level meter and then imported into Microsoft Excel and graphed. Numbers for sound levels are in decibels. The graph and chart below are an example of how the data from the sound meter is exported for evaluation.



85 decibels was the upper permitted limit for sound at Orton Park Festival, marked by the line in the graph at 85. Bars going over this line thus show sound levels at various frequencies which are over the permitted limit for this event. Each of the 120 readings taken in 2015 has a corresponding graph.

For each reading, the highest level was recorded in order to track the maximum levels being produced at each point in time. For instance, in the bar chart above the highest value recorded at that reading was at 100Hz, 98.5 decibels. An example of the highest values (on a specific frequency) for each reading at a particular event can be viewed in either tabular or graphical formats, such as the following:

Orton Fest Sound Levels					
<u>Date</u>	Time	Highest value			
28-Aug	19:31	88.3			
29-Aug	17:13	92.2			
29-Aug	17:14	98.5			
29-Aug	18:11	95.1			
29-Aug	21:19	88.3			
30-Aug	16:38	91.1			
30-Aug	16:40	90			
30-Aug	16:49	88.5			
30-Aug	16:59	87.1			
30-Aug	18:54	87.9			
30-Aug	18:56	93.6			
30-Aug	19:00	90.9			
30-Aug	19:05	86.1			



Event	Number of readings taken	Number of readings over allowed limits	Percent of readings over allowed limits	Average highest decibel level recorded	Permit
Marquette Waterfront	taken	mints	mints	recorded	1111111
Festival	3	3	100.00%	95.47	85
Let's Eat out	3	0	0.00%	79.13	90
La Fete de Marquette	29	13	44.83%	90.14	90
Concert in the Breese	5	0	0.00%	80.34	85
Central Park Sessions	15	10	66.67%	86.31	85
Orton Park Festival	13	13	100.00%	90.58	85
Avett Brothers	51	4	7.84%	87.05	-105
Yum Yum Fest	-1	1	100.00%	99.2	85
Total	120	44	36.67%		

^{*}At the perimeter for all events with the exception of the Avett Brothers concert, which was measured at the sound board.

The summary table above shows data for the eight events that were monitored using the sound level monitor. To acquire this data, every reading was imported and the highest level for each reading was recorded (typically falling in the lower bands between 25-125 Hz).

Some events clearly had more monitoring than others, and levels were monitored at different times for every event; thus, the data cannot be generalized to say that any one event was more frequently compliant than any other, or used in any other type of statistical comparison. What can be seen with this data is how compliant each event was at the times that sound was monitored for that event.