Date: 5/23/2017

### CITY OF MADISON

### Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

William Control	PLEASE	PRINT CLEARLY	
Agenda No. F.	Address	MEAGAN MCG 3513 BURKA 53714	ve ve
Please check the appro	opriate boxes:		
Support Oppose Neither Su	pport Nor Oppose	Do not wish	ak (FStillhore) to speak answer questions
Speaking Limits:	Public Hearing. Information Hearing. Other Items.	3 minutes	
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)			
COMMENTS RELA	ATED TO THE ITEM ON THE AGE	ENDA (optional):	
And Itury T have a di a crosswalic to school, a	support of The conting of Support of The Conting to the arossing to wearing by a it colore and I soe them hesitate children in Clubs Look for any crossing and of	e street aloxing S. Many studi	stoon in walk themselve
Name, address and tel	lephone number of each person or organ	nization you are represent	ting:
HANTHORM	PTA 1 Student body	- 53714	
Are you being paid fo	or your representation?		Yes No
	part of your other paid duties for this p," STOP; you need not complete the re		Yes No wered "yes," go on to the next

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
	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.	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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 5 | 23 | 17

#### CITY OF MADISON

# Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEA	ASE PRINT CLEARLY
Agenda No. F. 1.	Nam Add	ress <u>1605 Armisfice</u> Ln
Please check the appro	opriate boxes:	
Support Oppose Neither Sup	pport Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions
Speaking Limits:	Public Hearing	3 minutes3 minutes
At this meeting are you representing an organization or a person other than yourself:  Yes  No  (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)		
COMMENTS RELA	TED TO THE ITEM ON THE A	GENDA (optional):
	PER DESCRIPTION OF THE PERSON	
Name, address and tele	ephone number of each person or or	organization you are representing:
	ne Elementary	
3344 0	oncord Ave, Mad	ison
204-	2500	
Are you being paid for	r your representation?	☐ Yes No
	part of your other paid duties for thi "STOP; you need not complete the	is person or organization?  Yes No No we rest of this form. If you answered "yes," go on to the next

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or

other governme	ental body?
	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign on answered "no" to the question, go on to the next question.)
If you are beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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1	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 5	Signature Sarakiter  Print Name Sarakiter

Date: 5 33

### **CITY OF MADISON**

# Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY	
Agenda No	Name Pawn Cunningham Address 710 Powers Are Madison, WI	
Please check the appro	priate boxes:	
Support Oppose Neither Sup	and Wish to speak  Do not wish to speak  Available to answer questions	
Speaking Limits:	Public Hearing	
(If you answered "no,	a representing an organization or a person other than yourself: Yes No '' STOP; you need not complete the rest of this form. If you answered "yes," provide the name below, and go on to the next question.)	
COMMENTS RELA	TED TO THE ITEM ON THE AGENDA (optional):	
Don't want Guard at Lexington/ Fair Oaks again  - Dangeros:  - Mobility - high Mobility of Students - rounts not  - Equity Issue compared to Schools consistent  willess dangerous areas, older kids + more guard  Coverage that great greationed Annually		
	ephone number of each person or organization you are representing:  10 Elementary JTA - 3344 Concord Are  204-250	
	your representation?  Yes No part of your other paid duties for this person or organization?  Yes No "STOP; you need not complete the rest of this form. If you answered "yes," go on to the next	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No		
		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 being	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 the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)		
Date _	5/2	Signature Saun Comingham  Print Name Saun Comingham

Dept MPD-Traffi Bureau
Crossing Guards upen Date: 5/23/17
CITY OF MADISON

## Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY	
Agenda NoF.	Name Path Knoche Address 2115-Carvell St  Madison wit	
Please check the appr	opriate boxes:	
Support Oppose Neither Su	and Wish to speak  Do not wish to speak  Available to answer questions	
Speaking Limits:	Public Hearing	
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)		
COMMENTS RELA	ATED TO THE ITEM ON THE AGENDA (optional):	
	THE REPORT OF THE PARTY OF THE	
Name, address and telephone number of each person or organization you are representing:		
Are you being paid fo	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	

		lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
		ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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		o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date: 5-23-17

### CITY OF MADISON

### Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
Agenda No. F.	Name Virginia Krank  Address 211 5. Carroll St  Opriate boxes:  Address 211 5. Carroll St  Opriate boxes:
Agenda No \ ·	Address 211 5, Carroll 37
	1,055mg Madram wz 33703
Please check the appro	opriate boxes: Guaren 300
Support	and Wish to speak  Do not wish to speak
Oppose Neither Su	pport Nor Oppose  Available to answer questions
Speaking Limits:	Public Hearing5 minutes
Speaking Limits.	Information Hearing3 minutes
	Other Items3 minutes
(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 at below, and go on to the next question.)
COMMENTS RELA	ATED TO THE ITEM ON THE AGENDA (optional):
	ENTER SHOULD AND A STATE OF THE
	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
Name, address and tel	lephone number of each person or organization you are representing:
Are you being paid fo	or your representation?
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

(SEE BACK)

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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