Date:		
		_

Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY
Agenda No Address Jule 4 mounted
Please check the appropriate boxes:
Support Oppose Neither Support Nor Oppose and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits: Public Hearing
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):
Tagreet that the bus stole by and also the low stol directly ac now you west is ungendant
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.)

e you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ler governmental body?
you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign s 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.
 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.)
ste Signature
Print Name

Date: 7 /12/201-	1
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Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
Agenda No. Meble	Name BOB + PIXI FOULKS Address 2804 MONFOR ST MADISON WI 53711
Nearity	MADISON WE 53711
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits: Public Hearing	3 minutes
At this meeting are you representing an organization (If you answered "no," STOP; you need not complet of whom you represent below, and go on to the next	ete the rest of this form. If you answered "ves" provide the name
COMMENTS RELATED TO THE ITEM ON T	HE AGENDA (optional):
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 fo If you answered "no," STOP; you need not complet question.)	or this person or organization? Yes No le the rest of this form. If you answered "yes," go on to the next

other governm	
(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 bei 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.
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 Clerk's Office at the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature Print Name

Date: 07/12/17

CITY OF MADISON

Registration Statement - Transit and Parking Commission

PLEASE PRINT CLEARLY
Name Yvonne Schwinge
Agenda No Address 115 S, Franklin St, #207
Medison, WI 53703
Please check the appropriate boxes:
Support Oppose Neither Support Nor Oppose Support Available to answer questions
Speaking Limits: Public Hearing
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):
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Name, address and telephone number of each person or organization you are representing:
are you being paid for your representation?
The you appearing as part of your other paid duties for this person or organization? Yes No was answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next uestion.)

Are you an ele	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you answere this form. If yo	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you are bein 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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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	Signature
	Print Name

Date: _	7-12-1	7 /
		X

Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY
Agenda No Name Afficie WESENBER CAN Alers 1315 Chan alers
Please check the appropriate boxes:
Support Oppose Neither Support Nor Oppose and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits: Public Hearing
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional): TOPPOSE THE REDUCTION OF STOPS ON MONROE ST.
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.)

other governm	
(If you answere this form. If yo	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you are beinthat:	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 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: 7/12(17

CITY OF MADISON

Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
Agenda No	Name ROUGE WILLIAMS Address J206 WEST LAWN AUG Modern 53711
Please check the appropriate boxes:	
Support PARTALLY Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
Information Hearing	5 minutes 33 minutes
At this meeting are you representing an orga (If you answered "no," STOP; you need no of whom you represent below, and go on to	t complete the rest of this form. If you answered "ves." provide the name
COMMENTS RELATED TO THE ITEM	1 ON THE AGENDA (optional):
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	

Are you an elected official or employee who is appearing solely on behalf of your office or for other governmental body?	your municipality or s No		
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, excethis form. If you answered "no" to the question, go on to the next question.)	pt that you must sign		
If you are being paid for your representation, or if your appearance is part of other paid dutie that:	es, please be advised		
 Before you engage in lobbying as a lobbyist, you or your principal must file an with the City Clerk. 	authorization		
 Your principal is not permitted to authorize you to lobby unless you are regist City Clerk. 	ered with the		
3. If your principal spends or will owe more than \$1,000 for lobbying services in period (half year), the principal must file expense statements with the City remainder of the calendar year?	period (half year), the principal must file expense statements with the City Clerk for the		
(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: 7/12/2018

CITY OF MADISON

Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY		
	Name HIAM GARNER		
Agenda No	Address DAMS ST		
	MADISON W1 53711		
Please check the appr	ropriate 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):		
LIBIGARY	STOP IS A GROAT LOCATION,		
0.308050	DONO K TROOMS CON (TO WITH IN THE		
BIKBL #	HEN WHO DO NOT GOD FOR ANHONE LANGS		
BUS, DR	PEOPLE)		
P ()			
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 p	art of your other paid duties for this person or organization?		
(If you answered "no,' question.)	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 ther governmental body?		
If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign his form. If you answered "no" to the question, go on to the next question.)		
f you are being paid for your representation, or if your appearance is part of other paid duties, please be advised hat:		
 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?		
(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		

ъ.	7-1	1	-1	17
Date:	/ /	,	'	/



Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY			
	Name John Gulesserian		
Agenda No.	Address & S. Breese Ter.		
	Madison, WI 53711		
Please check the appropriate boxes:			
☐ Support☐ Oppose☐ Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions		
Speaking Limits: Public Hearing Information Hearing Other Items			
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)			
COMMENTS RELATED TO THE ITEM O	N THE AGENDA (optional):		
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 duti (If you answered "no," STOP; you need not conquestion.)	ies for this person or organization? Yes No nplete the rest of this form. If you answered "yes," go on to the next		

Date: <u>July 12th 2011</u>

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE	PRINT CLEARLY
Name Name	Marlene Fishe
Agenda No. Address	61, SOUTH FAIR, DAMS, QUENCIE
changes upon Monto estilet	MADISON WISCONSIA, 53714
Please check the appropriate boxes:	608-245-1441
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits: Public Hearing	. 3 minutes
At this meeting are you representing an organization or a personal street (If you answered "no," STOP; you need not complete the rest of whom you represent below, and go on to the next question.	st of this form. If you answered "yes," provide the name
COMMENTS RELATED TO THE ITEM ON THE AGE I WOULD LEET PROW GROUT THE SOIL WILL PROW, What TO LX	NDA (optional): Changes to the Metro routes
Name, address and telephone number of each person or organ	ization you are representing:
Are you being paid for your representation?	☐ Yes ☑ No
Are you appearing as part of your other paid duties for this per (If you answered "no," STOP; you need not complete the resquestion.)	son or organization? Yes X No

(SEE BACK)

Wall like

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 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		
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 July	Signature Miss Marley Fishe Print Name Mallene # 8/18		

Date:	

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY
Name Al Nettleton
Agenda No Address 6455 heldon St
Medism WI 537/
Please check the appropriate boxes:
Support Oppose Neither Support Nor Oppose and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits: Public Hearing
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):
I. Concerned about not having an outbound stop
at Beltzell,
2. Concerned about moving inbound stop from Laurel Tax
10 Wingra Fork, " Noved Shefter.
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.)

(SEE BACK)

re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or her governmental body?		
fyou answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign is 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:		
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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.)		
ate Signature		
Print Name		

Date: 7/12/17

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	1	PLEASE PRINT CLEARLY	
		Name James A, St Address 1632 Morro	elnberg
Agenda No.	Co. Nearly		
		Madison, WI	53111
Please check the app	ropriate boxes:		
Support Oppose Neither Su	pport Nor Oppose		speak wish to speak le to 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 T	HE AGENDA (optional):	
Name, address and tel	ephone number of each person	or organization you are repres	enting:
Are you being paid for	your representation?		Yes No
Are you appearing as parties (If you answered "no, auestion.)	part of your other paid duties for STOP; you need not completed	or this person or organization? The the rest of this form. If you d	Yes No Inswered "yes," go on to the next

(SEE BACK)

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.)				
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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.)				
Dete	Cignatura			
Date	Signature Print Name			

Date:			
Date.			

Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY				
Name Angela Thom				
Agenda No Address 2933 Monroc Street				
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose and Wish to speak Do not wish to speak Available to answer questions				
Speaking Limits: Public Hearing				
At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)				
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):				
Oppose reduction of stops and some of the proposed stops location				
Name, address and telephone number of each person or organization you are representing:				
233-1239				
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.)				

Are you	u an ele	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
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 that:	are beir	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 _	7/	Signature Print Name Angela Thom		