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CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

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Agenda No	Name	TOM C	WAR	GR.
Agenda No.	Address	T 196:	2 AT	NO ON
Do you have handouts? YesNo Please provide copy to parks staff		MADISO	14	W- V
Please check the appropriate boxes:				
Support	AND	Wish to s	neak	
Oppose		Do not wi		ak
Neither Support Nor Oppose			-	er questions
At this meeting, are you representing an organizat • If you answered "no" STOP; you need • If you answered "yes" provide the namorganization you are representing:	d not complete the	e rest of this form.	Yes n person or	No
Are you being paid for your representation?			Yes	□No
Are you appearing as part of your other paid duties	s for this person o	r organization?	Yes	No
 If you answered "no" STOP; you If you answered "yes" complete po 	need not complete age 2 on back.	the rest of this form		
Speaking Limits: Public Hearing (Common of Information Hearing Other Items	3 min	utes		

(SEE BACK)

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.)
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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

Date: 1-30-18

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

PLEASE PRINT CLEARLY ENJAMIN NICKEL Agenda No. Do you have handouts? Yes No Please provide copy to parks staff Please check the appropriate boxes: Support Wish to speak AND **Oppose** Do not wish to speak **Neither Support Nor Oppose** Available to answer questions At this meeting, are you representing an organization or a person other than yourself: No • If you answered "no" STOP; you need not complete the rest of this form. If you answered "yes" provide the name, address and phone number of each person or organization you are representing: Are you being paid for your representation? No Yes 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" complete page 2 on back.

Speaking Limits:

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

(SEE BACK)

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Date	Signature
	Print Name

Date: 1/30/2017.

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

Agenda No Do you have handouts? Yes No Please provide copy to parks staff	Name Address	PAME SHED 575 PAM MADISSW	RMAN LIC LANE WI 5	
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	AND		vish to spe	ak er questions
At this meeting, are you representing an organization • If you answered "no" STOP; you need not not not need in the state of the name, organization you are representing:	not complete the	rest of this form.	☐ Yes	No No
Are you being paid for your representation?			Yes	X No
Are you appearing as part of your other paid duties for a superior of the supe	ed not complete		☐ Yes	X No
Speaking Limits: Public Hearing (Common Coo Information Hearing Other Items	3 minu	ites		

Are you an eleother government	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

Date: 1/30/2018

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

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Agenda No	Name	Margaret 1 3006 HARVE	Kau fma	en
rigenua 110.	Address	3006 HARUH	ARD DI	2
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At this meeting, are you representing an organizati If you answered "no" STOP; you need If you answered "yes" provide the name organization you are representing:	l not complete the	rest of this form.	Yes	No No
Are you being paid for your representation?			Yes	☐ No
Are you appearing as part of your other paid duties	for this person or	organization?	Yes	No
 If you answered "no" STOP; you note. If you answered "yes" complete page. 		the rest of this form.		
Speaking Limits: Public Hearing (Common Common Common Hearing	3 minu	ites		

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
100	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: 10 30 2018

CITY OF MADISONRegistration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

Agenda No.	Name	CURTIS 2018. Y Madison	MEF	FERT ISTONE D
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At this meeting, are you representing an organization • If you answered "no" STOP; you need • If you answered "yes" provide the name organization you are representing:	not complete the	rest of this form.	Yes	₩ No
Are you being paid for your representation?			Yes	☐ No
Are you appearing as part of your other paid duties	for this person or	r organization?	Yes	□No
 If you answered "no" STOP; you no If you answered "yes" complete page 		the rest of this fort	n.	
Speaking Limits: Public Hearing (Common Conformation Hearing	3 min	utes		

	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

Date: 1/30/18

CITY OF MADISONRegistration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

40r 42	Name ALTCE	DRAK	(E	
Agenda No. 48643	Address 7213 LOI	UGMEA	+DOW	RJ
Do you have handouts? YesNo Please provide copy to parks staff	Name ALTCE Address 7213 LOI MADE SON	, WI	53-	717
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Are you being paid for your representation?		Yes	☐ No	
Are you appearing as part of your other paid duties	for this person or organization?	Yes	□ No	
 If you answered "no" STOP; you no If you answered "yes" complete page 		71.		
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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? Yes No
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CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

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Agenda No	Name	Lesleigh 1906 Modison	tul n	trell.
	Address	1906	Kropf.	Avo
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At this meeting, are you representing an organizat • If you answered "no" STOP; you need • If you answered "yes" provide the nanorganization you are representing:	d not complete the	rest of this form.	Yes	⊠ No
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Are you being paid for your representation?		*	Yes	No No
Are you appearing as part of your other paid duties	s for this person or	organization?	Yes	₹ No
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 If you answered "no" STOP; you If you answered "yes" complete po 		ine resi oj inis jori	п.	
Speaking Limits: Public Hearing (Common of Information Hearing Other Items	3 minu	ites		

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CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

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Agenda No Do you have handouts? Yes No Please provide copy to parks staff	Name Address	James 1 490 Goff Madison		RQ
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose	AND	Wish to sp Do not wis Available	sh to spea	nk r questions
At this meeting, are you representing an organizati If you answered "no" STOP; you need If you answered "yes" provide the name organization you are representing:	d not complete the	rest of this form.	Yes person or	No No
Are you being paid for your representation?			Yes	No No
Are you appearing as part of your other paid duties • If you answered "no" STOP; you n • If you answered "yes" complete pa	need not complete		Yes	X No
Speaking Limits: Public Hearing (Common C Information Hearing Other Items	3 minu	ites		

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Date	Signature
	Print Name

FOREST HILL SOLDIERS' LOT



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Civil War Dead

An estimated 700,000 Union and Confederate soldiers died in the Civil War (1861-1865). As the death tall rose, the U.S. government struggled with the urgent but unplanned need to bury fallen Union troops. This propelled the creation of a national cometery system.

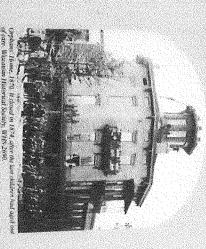
On September 11, 1861, the War Department directed officers to keep "accurate and permanent records of deceased soldlers." Federal authority to create military burial grounds came in an Omnibus Act of July 17, 1862. Cemetery sites were chosen where troops were concentrated camps, hospitals, battlefields, railroad hubs. By 1872, 74 national cemeteries and several soldiers' lots contained 395,492 temains. About 45 percent were unknown.

The U.S. government established soldiers: lots at private cemeteries in northern states. National cemeteries, in contrast, were built throughout the South where most Civil War action occurred. While the army reported dozens of lots containing. Union dead in the 1870s, the National Cemetery Administration maintains only fifteen. The number of graves ranges from less than ten to nearly 400 in these lots.

Harvey U.S. General Hospital

In spring 1862. Wisconsin Gov. Louis P. Harvey traveled south to visit the state's volunteer soldiers who were being treated in hospitals near the fighting. On April 19 while crossing from one boat to another at Savannah, Tennessee, Harvey foll in the river and drowned. After his doubt, Harvey's widow, Cordelia, was appointed the state sauttary agent. Mrs. Harvey worked titelessly to provide for Wisconsin's troops during the Civil War.

She toured hospitals in the Soath and saw the appalling conditions voldiers endured. In 1863, she pensuaded President Abraham Lincoln to establish a general hospital in Madison. Harvey U.S. General Hospital opened in a litree-story octagonal house built for former Gov. Leonard Farwell. A branch hospital at nearby Camp Randali was also set up. In December 1864, the complex reported that it was treating 587 patients. After the war, the general hospital became the Wisconsin Soldiers' Orphans' Home.





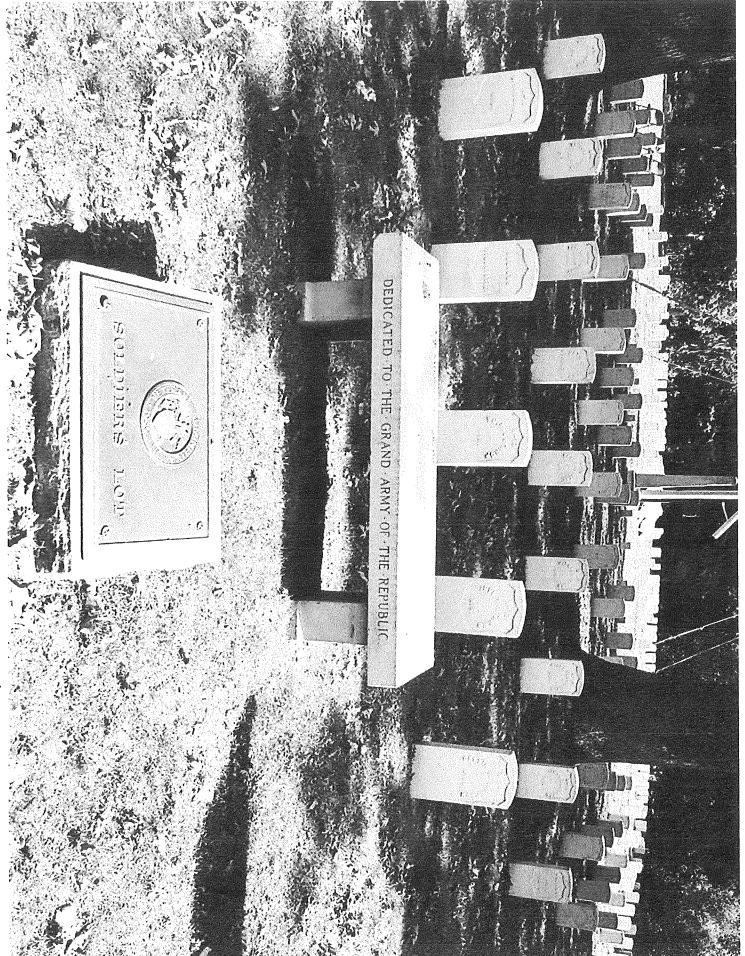
Soldiers' Lot

The City of Madison parchased land in 1857 to sauthful, poess Hill Cemetery. Section Mof this 140-acre cometers, set saids for Union dead in 1862, was initially known as "Soldars' Read" in 240 interments include troops who died white training at Comp. Randall. The remainder died at Harvey U.S. General Hospital. The city decided the 0.86-acre lot to the federal government in 1866. The government acquired a second, smaller parcel in lovest Hill Cemetery in 1908.

The soldiers' lot contains two Civil War memorials. The Wisconsin Soldiers' Orphans' Home Monument was erected in 1873. The marble obelisk is inscribed with the names of eight orphans who died at the home. Flanking it are the children's graves marked with beadstones bearing their initials.

In 1891, the Woman's Relief Corps No. 37 erected a large boulder inscribed "To the Unknown Dead". The corps—an auxiliary to the Grand Army of the Republic, a veterans organization—was founded in 1883 to perpetuate the memory of the men who saved the Union.

~		



"Soldiers Lot" Union Veteran Burial Site

Date: 1/30//8

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

Confederate Monument 5 Agenda No. 48643 Do you have handouts? Yes_No_ Please provide copy to parks staff		Ken K 5429 V Argyle,		
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose	AND	Wish to s Do not w Available	ish to spe	ak er questions
At this meeting, are you representing an organization • If you answered "no" STOP; you need n • If you answered "yes" provide the name, organization you are representing:	ot complete the	rest of this form.	☐ Yes h person or	No
Are you being paid for your representation?			Yes	No
Are you appearing as part of your other paid duties for	or this person or	organization?	Yes	No
If you answered "no" STOP; you neeIf you answered "yes" complete page		the rest of this form	n.	
Speaking Limits: Public Hearing (Common Cou Information Hearing Other Items	3 min	utes		

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Date	30/18 Signature <u>Hen Kalinowski</u> Print Name <u>Ken Kalinowski</u>

Date:	1-30-18	
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CITY OF MADISONRegistration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

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Agenda No Do you have handouts? Yes No Please provide copy to parks staff	Name Address	GELHARD 4377 C LOTTALL	PE TATIO E GU		
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Are you being paid for your representation?			Yes	☐ No	
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Date	Signature Sald M
	Print Name 6 GERRAND PERMANN

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

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Agenda No	Name Address	John 1634 Madiso	Tokas	Block
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose	AND	Wish to s Do not with the second with the sec	ish to spe	ak er questions
At this meeting, are you representing an organizatio If you answered "no" STOP; you need If you answered "yes" provide the name organization you are representing:	not complete the	rest of this form.	☐ Yes h person or	No No
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Date	Signature
	Print Name

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Date: 30 an 2018

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

Agondo No	Name	Kerman Ed	Les.	
Agenda No.	Address	1320 E M:4	Kla SI	,
Do you have handouts? Yes No Please provide copy to parks staff		Malison		3703
Please check the appropriate boxes:				
Support Proposal #2' change Oppose Neither Support Nor Oppose	te AND	Wish to s Do not wi Available	ish to spe	eak er questions
At this meeting, are you representing an organizat • If you answered "no" STOP; you nee • If you answered "yes" provide the nan organization you are representing:	d not complete the	rest of this form.	☐ Yes h person or	No
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Are you being paid for your representation?			Yes	No
Are you appearing as part of your other paid dutie	s for this person or	organization?	Yes	No
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Speaking Limits: Public Hearing (Common of Information Hearing Other Items	3 min	utes		

Are you an el other government	ected official or employee who is appearing nental body?	g solely on behalf of your offi	ce or for you Yes	r municipality or No
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Date	Signature			
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Date:			
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CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

PLEASE PRINT CLEARLY

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Agenda No Do you have handouts? YesNo Please provide copy to parks staff	Name Address	Baul Law W 3006 Have Madisa 6	man and Dri	ive 3705
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	AND	Wish to spea Do not wish Available to	to spea	
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Are you being paid for your representation?			Yes	1 No
Are you appearing as part of your other paid duties • If you answered "no" STOP; you answered "yes" complete po	need not complete		Yes	UNO .
Speaking Limits: Public Hearing (Common of Information Hearing Other Items	3 minu	ites		

(SEE BACK)

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
100	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.)
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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 ne City-County Building, Madison, for more information.)
Date	Signature Print Name

no speak

Date: 1/30/18

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

PLEASE PRINT CLEARLY

4767)	Name	Donna Ki	rschemma	gann
Agenda No.	Address		1:11 iamsor	
Do you have handouts? YesNo Please provide copy to parks staff		Madison		
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose	AND		vish to spea	ak er questions
At this meeting, are you representing an organizati • If you answered "no" STOP; you need • If you answered "yes" provide the name	l not complete the	rest of this form.	Yes	No
organization you are representing:				
organization you are representing:				
Are you being paid for your representation?			Yes	□ No
	for this person or	organization?	☐ Yes	□ No
Are you being paid for your representation?	need not complete		Yes	

(SEE BACK)

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
, , ,	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	g paid for your representation, or if your appearance is part of other paid duties, please be advised that:
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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 ne City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 1/30/18

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

Agenda No. 4869 Do you have handouts? Please provide of		Name Address	Kathy 1 566 S Madisun	Jaloh Scoe Wls	RJ 3711
Please check the appropria Support Oppose Neither Suppo	ı	AND	Wish to Do not v Availab		ak er questions
 If you answered 	presenting an organization or a	omplete the	rest of this form.	Yes	No
	d "yes" provide the name, add ou are representing:	ress and ph	none number of ea	ch person or	
	ou are representing:	ress and ph	none number of ea	Ch person or	- - - - No

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.)
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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

Date: ____/30/18

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

PLEASE PRINT CLEARLY Name KEVIN WALSH

Address JEG S SEGSE RA

MADISON, WI 53711 Agenda No. Do you have handouts? Yes No Please provide copy to parks staff Please check the appropriate boxes: Support Wish to speak AND Do not wish to speak **Oppose** Neither Support Nor Oppose Available to answer questions Yes 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, address and phone number of each person or organization you are representing: Are you being paid for your representation? Yes No Are you appearing as part of your other paid duties for this person or organization? Yes No • If you answered "no" STOP; you need not complete the rest of this form. If you answered "yes" complete page 2 on back. Speaking Limits: Public Hearing (Common Council).....5 minutes

(SEE BACK)

Are you an eleother government	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.)
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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 ne City-County Building, Madison, for more information.)
Date	Signature Print Name

Date: 1-30-18 No spe

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

			1.1	
PLEA	SE PRINT CLE	ARLY	0 10+	torning
Agenda No	Name	Michell	l Ha	nung
Do you have handouts? YesNo Please provide copy to parks staff	Address	an Ho	we,	WF539
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose	AND		ish to spe	ak er questions
At this meeting, are you representing an organization • If you answered "no" STOP; you need no • If you answered "yes" provide the name, organization you are representing:	ot complete the	e rest of this form.	☐ Yes h person or	□No
Are you being paid for your representation?			Yes	No
Are you appearing as part of your other paid duties fo	r this person o	r organization?	Yes	No .
 If you answered "no" STOP; you nee If you answered "yes" complete page 		the rest of this form	n.	
Speaking Limits: Public Hearing (Common Cou Information Hearing Other Items	3 min	utes		

	rnmental body?
	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 b	being paid for your representation, or if your appearance is part of other paid duties, please be advised that:
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature Print Name

Date: 1/29/18

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

Agenda No Do you have handouts? Yes No Please provide copy to parks staff	Name • Address	George ? 5306 C	Dreaman C	he Wa
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose	AND		ish to spe	eak er questions
At this meeting, are you representing an organiza • If you answered "no" STOP; you nee • If you answered "yes" provide the na organization you are representing:	ed not complete the	e rest of this form.	☐ Yes	
Are you being paid for your representation?			☐ Yes	- D No
Are you appearing as part of your other paid dutie • If you answered "no" STOP; you • If you answered "yes" complete p	need not complete		Yes	No
Speaking Limits: Public Hearing (Common Information Hearing Other Items	3 mir	nutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality of other governmental body? Yes No
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office a Room 103 of the City-County Building, Madison, for more information.) Date 12916 Signature
Print Name George T Veckman

Nospeal

Date:				
Date:				
Dutc.	Date:			

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

PLE	EASE PRINT CLE	ARLY	,	
Agenda No Do you have handouts? Yes No Please provide copy to parks staff	Name · Address	Darin He 1760 V Storghto.	all. 25 Hay	53589
Please check the appropriate boxes:				
 Support Oppose ★ Neither Support Nor Oppose 	AND		ish to spea	ak r questions
At this meeting, are you representing an organization of the second of the second of the second of the second organization you are representing:	l not complete the ne, address and ph	rest of this form. one number of eac		□ No
all City of wants	on fare-	DIVISIO	<u> </u>	
Are you being paid for your representation?	·		Yes	ĬNo
Are you appearing as part of your other paid duties	for this person or	organization?	Yes	No
 If you answered "no" STOP; you note if you answered "yes" complete page in Speaking Limits: Public Hearing (Common Common C	ge 2 on back.		n.	
Information Hearing Other Items	3 min	ites		

(SEE BACK)

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.)
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Date	Signature
	Print Name

Date: 1/30/19

CITY OF MADISONRegistration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

Agenda No Do you have handouts? Yes No Please provide copy to parks staff	Name Address	Ruth Annle 5607 Ches Mc Farlax		rse-Burns n.
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose	AND		vish to spe	eak er questions
At this meeting, are you representing an organization of the second organization of the second of th	not complete the	rest of this form.	☐ Yes ch person or	No
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 n • If you answered "yes" complete page	eed not complete		Yes	₩ No
Speaking Limits: Public Hearing (Common C Information Hearing Other Items	3 minı	utes		

Are you an eleother government	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

Date: 1/30/18

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

Agenda No Do you have handouts? YesNo Please provide copy to parks staff	Name · Address	France 5806J. Maddon		,
Please check the appropriate boxes: Support Support Oppose Neither Support Nor Oppose	AND Conca +	Wish to spon to be a distributed with the contract of the cont	sh to spe	eak er questions
At this meeting, are you representing an organizat • If you answered "no" STOP; you need • If you answered "yes" provide the namorganization you are representing:	d not complete the	rest of this form.	☐ Yes n person or	/-
Are you being paid for your representation?			Yes	No
Are you appearing as part of your other paid duties	s for this person or	organization?	Yes	No
 If you answered "no" STOP; you a If you answered "yes" complete page 		the rest of this form	<i>!</i> .	
Speaking Limits: Public Hearing (Common Common Common Common Common Common Hearing Common Cother Items Cother	3 min	utes		

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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.)
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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 ne City-County Building, Madison, for more information.)
Date _		Signature Print Name Frances Wicoka light

Butc.	Date:						
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CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

Agenda No Do you have handouts? YesNo Please provide copy to parks staff	Name Address	CARL 3416 /		GROVES
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	AND		speak wish to spe	ak er questions
At this meeting, are you representing an organization • If you answered "no" STOP; you need n • If you answered "yes" provide the name, organization you are representing:	ot complete the	rest of this form.	☐ Yes	□ No
Are you being paid for your representation?			Yes	1/No
Are you appearing as part of your other paid duties for a superior of the supe	ed not complete		Yes	No
Speaking Limits: Public Hearing (Common Cou Information Hearing Other Items	3 minı	utes		

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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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Date	Signature
	Print Name

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

PLEASE PRINT CLEARLY

10115	Name	ARIE CAR	MI.	
Agenda No. <u>48643</u>	· Address	ARIE CAR MADISONIL	11/10NS	11/
Do you have handouts? YesNo Please provide copy to parks staff	ridaress	<u> </u>	<i>J15 COT D</i>	.,,
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose	AND		ish to spe	ak er questions
At this meeting, are you representing an organizat • If you answered "no" STOP; you need • If you answered "yes" provide the nanorganization you are representing:	d not complete the	rest of this form.	☐ Yes	⊠′No
Are you being paid for your representation?			Yes	- No
Are you appearing as part of your other paid duties	s for this person or	organization?	Yes	No .
 If you answered "no" STOP; you If you answered "yes" complete po 		the rest of this for	m.	
Speaking Limits: Public Hearing (Common of Information Hearing Other Items	3 min	utes		

(SEE BACK)

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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.)
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Date	Signature
	Print Name

Date: //30/2018

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

	2174117 022	., (,)		
Agenda No Do you have handouts? Yes No Please provide copy to parks staff	Name · Address	Sandra 2613 1 Modis	Mason	ist 1 53705
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	AND	Do not v	vish to spe	d g oes, ak er questions
At this meeting, are you representing an organization of If you answered "no" STOP; you need not If you answered "yes" provide the name, a organization you are representing:	t complete the	e rest of this form.	☐ Yes	[] No
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 • If you answered "yes" complete page 2	l not complete		Yes	No
Speaking Limits: Public Hearing (Common Coun Information Hearing Other Items	3 min	utes		

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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Date	Signature
	Print Name

Date:	te:
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CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

	-LACE TAME	ARLI		
Agenda No Do you have handouts? YesNo Please provide copy to parks staff	Name · Address	KARL 4276	BETH	TKE PAKE
Please check the appropriate boxes:				
Support Oppose Removal of more Neither Support Nor Oppose	AND	☐ Wish to s ☐ Do not w ☐ Available	ish to spe	ak er questions
At this meeting, are you representing an organizat • If you answered "no" STOP; you nee • If you answered "yes" provide the nan organization you are representing:	d not complete the	rest of this form.	☐ Yes h person or	No
				_
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 • If you answered "yes" complete pa	need not complete		Yes	No .
Speaking Limits: Public Hearing (Common of Information Hearing	3 min	utes		

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? Yes No
1.70 7.	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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Room 103 of the	the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	Signature Print Name RAIZL 5 BETWEE

Date: 1 - 35 - (8)

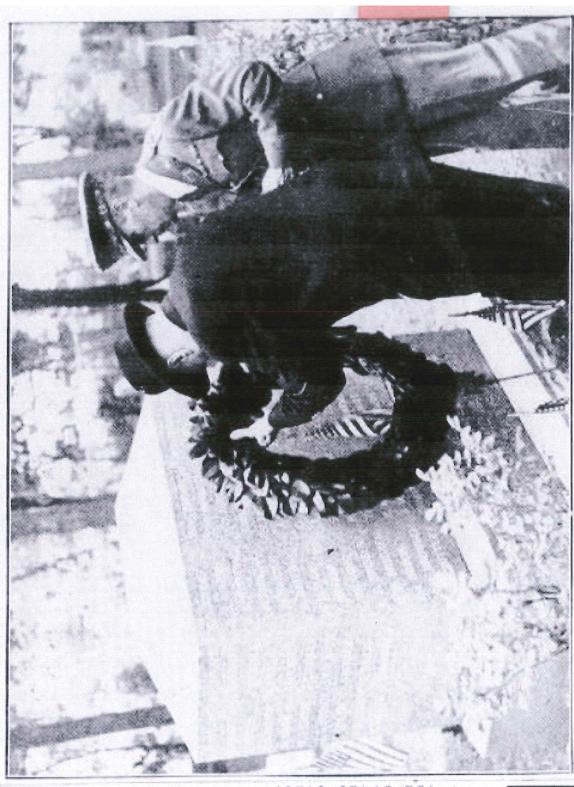
CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

	PL	EASE PRINT CLE	EARLY	. 0 (
	genda No o you have handouts? YesNo Please provide copy to parks staff	Name Address	Device 521	1 Blz 3 Co m 5.	ruth 3711
Plea	se check the appropriate boxes:				
	Support Oppose Neither Support Nor Oppose	AND		vish to spe	ak er questions
At th	 is meeting, are you representing an organizat If you answered "no" STOP; you nee If you answered "yes" provide the natorganization you are representing: 	d not complete the	rest of this form.	☐ Yes och person or	□ No
Are y	you being paid for your representation?			Yes	- No
Are y	you appearing as part of your other paid dutie	s for this person or	r organization?	Yes	☐ No
	 If you answered "no" STOP; you If you answered "yes" complete po 		the rest of this for	rm.	
	Speaking Limits: Public Hearing (Common of Information Hearing	3 min	utes		

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? Yes No
	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.)
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, 0	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at te City-County Building, Madison, for more information.)
Date	Signature
	Print Name

'Once Were Enemies, But No More'



First Death Hits Ranks of GAR

the Birsh conceasing in the rotation

Showly, while a rounger army officer being hos, U. I. William Ruhe, equinometric chief of the Grand Army of the Republic, places a wreath at a gray stone memoria marking the resting place of men who cade were enemal but no more.

Park no mark.

Robe is shown at Confederate best in Forest 7-31 sensesery Theathr, completing a electrony homoring the 140 Confederate soldsers who died in improcomment at Camp Randall. Helping the commander is Major Norman M. Nebon,

Japs Defy Demands, Kill 300 on Train

Ry R. K.KKYS Collyright 1937 by United Press

Date: <u>-30 - 18</u> No speak

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

Agenda No Do you have handouts? Yes No Please provide copy to parks staff	Name Address	anchea 1418 War Apt 3	Vitar prior	1'emi ge Dr. Madisa
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose	AND	Wish to s Do not w Available	ish to spe	eak er questions
At this meeting, are you representing an organizatio • If you answered "no" STOP; you need to lifyou answered "yes" provide the name organization you are representing:	not complete the	rest of this form.	☐ Yes h person or	No
				_
Are you being paid for your representation?			Yes	☐ No
Are you appearing as part of your other paid duties f	for this person or	organization?	Yes	□ No
 If you answered "no" STOP; you ne If you answered "yes" complete pag 		the rest of this fori	n.	
Speaking Limits: Public Hearing (Common Co Information Hearing Other Items	3 minu	ites		

Date: 1-30-18 No Eplan

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

F	LEASE PRINT CLEARLY	
Agenda No Do you have handouts? YesNo	Name Brittony Address 223 = 77.	
Please provide copy to parks staff	Madisor	i, W/
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	,	oeak sh to speak to answer questions
		4
 At this meeting, are you representing an organizat If you answered "no" STOP; you nee If you answered "yes" provide the nan organization you are representing: 	tion or a person other than yourself: If not complete the rest of this form. The number of each The number of each	Yes No
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid dutie	s for this person or organization?	Yes No
 If you answered "no" STOP; you If you answered "yes" complete po 	need not complete the rest of this form. age 2 on back.	
Speaking Limits: Public Hearing (Common of 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 of other governmental body? Yes No
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sig 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.
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 of Room 103 of the City-County Building, Madison, for more information.)
Date 1-30-10 Signature Print Name Brittany Brittes

Date:	

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

Agenda No. 48643	Name Poc	niel Einste 206 Keyes ladison U	in in
Do you have handouts? YesNoNo	Address	ladison U	UI 5371
Please check the appropriate boxes:			
Support Oppose Neither Support Nor Oppose	_ J	Wish to speak Do not wish to spe Available to answ	
			4.000.00
At this meeting, are you representing an organizati If you answered "no" STOP; you need If you answered "yes" provide the name organization you are representing:	not complete the rest of t	his form.	ĬNo
Are you being paid for your representation?		Yes	- No
Are you appearing as part of your other paid duties	for this person or organiz	ation? Yes	No
 If you answered "no" STOP; you note. If you answered "yes" complete page. 		of this form.	
Speaking Limits: Public Hearing (Common Common 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 ental body? Yes No
100	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.)
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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 ne City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:		

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

Agenda No Do you have handouts? Yes No Please provide copy to parks staff	Name Solic S	nermen rant L	lj Ch
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose		ish to spe	ak er question
At this meeting, are you representing an organizat • If you answered "no" STOP; you need • If you answered "yes" provide the nanorganization you are representing:	d not complete the rest of this form.	☐ Yes	No
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 • If you answered "yes" complete pa	need not complete the rest of this for	Yes	No .
Speaking Limits: Public Hearing (Common of Information Hearing Other Items	3 minutes		

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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.)
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Date	Signature
	Print Name

Date: 1/29/17

CITY OF MADISON Registration Statement for

JOINT MEETING OF THE BOARD OF PARK COMMISSIONERS, LANDMARKS COMMISSION & EQUAL OPPORTUNITIES COMMISSION

	Name Ga	y Von Karny	entres
Agenda No.	· Address Ele	92 Williams	in Melan
Do you have handouts? YesNo Please provide copy to parks staff	Fift	y Van Launs 92 Williamse Clibyrg WI	53719
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose		Wish to speak Do not wish to spe Available to answ	
At this meeting, are you representing an organiza • If you answered "no" STOP; you nee • If you answered "yes" provide the na organization you are representing:	ed not complete the rest of	this form.	⊠ No
			_
			•
Are you being paid for your representation?		Yes	☐ No
Are you appearing as part of your other paid dutie	es for this person or organi	zation? Yes	□ No
 If you answered "no" STOP; you If you answered "yes" complete p 		t of this form.	
Speaking Limits:			
Public Hearing (Common			
Information Hearing Other Items			

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Date	Signature Print Name