Date: 3/27/18

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

	The state of the s	PLEASE	PRINT CLEARLY	
Agenda No. F. 0.5	Ninne bago		Nicole Solh. 200 N. Main S origon	
Please check the appropri	ate boxes:			
Support Oppose Neither Supp	ort Nor Oppose		and Wish to spea Do not wish Available to	
In	ıblic Hearingformation Hearingther Items		.3 minutes	
At this meeting are you re (If you answered "no," S of whom you represent be	epresenting an organization	on or a person or	on other than yourself: t of this form. If you answ	Yes No pered "yes," provide the name
COMMENTS RELATE	D TO THE TIEM ON	IIID AGIS	ADA (optional).	
		EBAR		
				STATISTICS ST
Name, address and teleph	one number of each person	on or organi	ization vou are representi	ng:
Gorman 6				
200 N Mai	1, /		7.36.1.3	
839-396			STEE SEED	N. CONTROL OF
Are you being paid for yo		17/20	CALLET BEEN	Yes □ No
Are you appearing as par	t of your other paid duties			Yes No wered "yes," go on to the next

REGISTRATION STATEMENT - PAGE 2

		cted 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.)
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?
	_	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	3/	27/18 Signature Nicol Falm

Print Name

Nicole Solheim



Date: 3/27/18

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

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	PLEASE I	PRINT CLEA	RLY			
6.0	Name	809 \$102	Perens	SON		
Agenda No. F. O. 5	Address	309	WEST	WASHI	NATUH	AVE
The second secon		A102	MADI	502	537	03
Please check the appropriate boxes:						
Support□ Oppose□ Neither Support Nor Oppose		and 🔄]	Wish to spea Do not wish Available to	ak to speak answer que	stions	
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 RELATED TO THE ITEM O	N THE AGEN	NDA (option	al):			
LOOKING FOR GROUP	BROWNY	, LL				
			Mr. Francisco			
		AMEN'S				
Name, address and telephone number of each pe						
LFG BREWING LLC		WEST	WASHIC	d 472N	ALL	
608 807-4	782					
PROPOSED KOONESS:	2438	WWW	128446	35	456	
Are you being paid for your representation?				☐ Yes	No	
Are you appearing as part of your other paid dut (If you answered "no," STOP; you need not co question.)				☐ Yes wered "yes,	₩ No " go on to	the next

REGISTRATION STATEMENT - PAGE 2

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: 3-27-18

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

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	William Control	PLEASE	PRINT CLEARLY		
Agenda No. 50	1527		ADAM C		
Agenda No.	1326	Address	4217 50		
	TO SHEET WAS BEEN		MADISON, 1	N 537	04
Please check the appro	priate boxes:				
Support Oppose Neither Sup	pport Nor Oppose		and Wish to s Do not w Available	speak vish to speak e to answer quest	ions
Speaking Limits:	Public Hearing Information Hearing Other Items		3 minutes		
(If you answered "no,	u representing an organizat "STOP; you need not com t below, and go on to the ne	ion or a pers	son other than yourself		
COMMENTS RELA	TED TO THE ITEM ON	THE AGE	NDA (optional):		
1 Am	DEVELOPER	OF	WINNEBAGO	ARTSE	MG (SILLIA)
COHOUSIN	JG.				
		691-34			
•					
Name, address and tele	ephone number of each per	rson or organ	nization you are repres	enting:	
Are you being paid for	r your representation?			Yes	□ No
Are you appearing as j (If you answered "no, question.)	part of your other paid dution "STOP; you need not con	es for this po inplete the re	erson or organization? st of this form. If you	☐ Yes answered "yes,"	No go on to the next

REGISTRATION STATEMENT - PAGE 2

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Date	Signature
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