CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

10 PLEA	ASE PRINT CLEARLY		
Nam	e T.R. Loon ress 1134 SPAIGHT ST MADISON 53703		
Agenda No. Adda	ress 1134 SPAIGHT ST		
ART STATE OF THE PARTY OF THE P	MADISON 53703		
Please check the appropriate boxes:			
Support OPTION #2 Oppose	and Wish to speak Do not wish to speak		
Neither Support Nor Oppose	Available to answer questions		
Speaking Limits: Public Hearing	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 ON THE A	GENDA (optional):		
AND DESCRIPTION OF THE PARTY OF	MERCHANICAL PROPERTY OF THE PR		
MARKET STATE OF THE STATE OF TH	THE SECRETARY OF THE PARTY OF T		
Name, address and telephone number of each person or or	ganization you are representing:		
Are you being paid for your representation?	☐ Yes ☐ No		
Are you appearing as part of your other paid duties for thi (If you answered "no," STOP; you need not complete the question.)	s person or organization? Yes No rest of this form. If you answered "yes," go on to the next		

(SEE BACK)

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must st this form. If you answered "no" to the question, go on to the next question.)	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		
	gn		
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advis that:	ed		
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?	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 Room 103 of the City-County Building, Madison, for more information.)	at		
Date Signature			
Print Name			

Date:	

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY			
Agenda No	Name Fred Fuss Address 2102 Linden Av		
Please check the appro	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):		
going to be	I flow is the 20" grade diffinental addressed will we loose our retaining walls and in Linden a Winnebago sidewalk lowered?		
Name, address and tel	ephone number of each person or organization you are representing:		
Are you appearing as	r your representation? Yes Your 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)

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			
(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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,	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: March 27,2018

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

PLEASE PRINT CLEARLY
Agenda No. Wilhebago Address 2718 willowd Aux Maxison wl Please check the appropriate boxes: Name Moxie Josob Son (Maxison wl 53704
Support Oppose Neither Support Nor Oppose Speaking Limits: Public Hearing
Information Hearing
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional): Opposed to option 2, 2; 3 of agenda # 50935
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.)

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			
(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 represent that:	tation, or if your appearance is part of	of other paid duties, please be advised	
1. Before you engage in lob with the City Clerk.	obying as a lobbyist, you or your princ	cipal must file an authorization	
2. Your principal is not per City Clerk.	rmitted to authorize you to lobby unle	ess you are registered with the	
	or will owe more than \$1,000 for lobborincipal must file expense statement ryear?		
(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 March 27, 2018	Signature Marchael	62	
	Print Name Marie Jo	uobsa	

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

PLEASE PRINT CLEARLY			
Agenda No. WINNERAGE LECON. S0935 PLEASE PRINT CLEARLY Name KULTIN AUSTIN Address 2105 WINNERAGO ST.			
Please check the appropriate boxes:			
Support Oppose 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):			
OPPOSE MNY DLAN OTHER THAN PLAN 1			
TAKING MAY PARICING THAT IS AREADY STRESCED IS TERRIBLE - THERE IS A BIKE BOULEVAND AND A BIKE			
PATH I BLOCK IN SACH DIRECTION AND BIKE PATHS ON WINNEBACED ST.			
Name, address and telephone number of each person or organization you are representing:			
Z165 W.NV2B166 ST.			
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 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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(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 3-27-18 Signature			

Print Name

Date: 3/27/18

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

			PRINT CLEARLY		
- 2026	5	Name	Isabella Mi	atheson	
Agenda No. 50935		Address	15abella Ma 2105 Winne	bago st.	
Please check the appropria	te boxes:				
Support - Plan	n1		and Wish to sp		
Oppose			Do not wi	sh to speak to answer questions	
	rt Nor Oppose				
	olic Hearingormation Hearing				
	ner 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 RELATEI	O TO THE ITEM ON TH	HE AGE	NDA (optional):		
Plan 1	COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional): Plan 1				
Name, address and telepho	one number of each person	or organ	nization you are represe	nting:	
	4830, 2705 h				
			ou Joseph ,		
Are you being paid for you	ar representation?			Yes No	
	of your other paid duties for the comples of the complex of the co			☐ Yes ☐ Nonswered "yes," go on to	

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.	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 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 3/27	Signature OCAD Print Name ISabella Matheson			

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

PLEASE PRINT CLEARLY				
Agenda No. 50935 Name MICHAEL MATHESON Address 2165 WINNER AGO ST. MADISM				
Please check the appropriate boxes:				
Support Oppose OTHER THAN THAN 1 Neither Support Nor Oppose 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):				
Di ani a				
PLAN I NO OTHER				
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 (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 an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No		
		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 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 _	3-7	7-18 Signature Print Name Michael MATHESON

Date: 3/27 /2018

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
Agenda No. 150.5 F.3.	Name James Wilson Address 415 W Wilson St Madrison, 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
Speaking Limits: Public Hearing	3 minutes
	n or a person other than yourself: Yes No No lete the rest of this form. If you answered "yes," provide the name t question.)
COMMENTS RELATED TO THE ITEM ON T	THE AGENDA (optional):
Name, address and telephone number of each perso	n or organization you are representing:
Are you being paid for your representation? Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not compile	Yes No for this person or organization? Yes No lete the rest of this form. If you answered "yes," go on to the next
question.)	

(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? 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 that:	are bein	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 _		Signature
		Print Name

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
Agenda No. <u>50532</u>	Name Vonathan Gapen Address 2203 Regent 5t 43 Madison, us 53726
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	5 minutes
	3 minutes
Other Items	3 minutes
of whom you represent below, and go on to the	complete the rest of this form. If you answered "yes," provide the name he next question.)
COMMENTS RELATED TO THE ITEM	ON THE AGENDA (optional):
Option #2	
CONTRACTOR CONTRACTOR	
Name, address and telephone number of each	n person or organization you are representing:
	☐ Yes ☐ No duties for this person or organization? ☐ Yes ☐ No complete the rest of this form. If you answered "yes," go on to the next
question.)	

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 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 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: 3/27/18

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
Agenda No	Name Derex L. Tyus Address 2128 winnebage St Madison 53704
Please check the appro	
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,	u 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 t below, and go on to the next question.)
COMMENTS RELA	TED TO THE ITEM ON THE AGENDA (optional):
Name, address and tele	ephone number of each person or organization you are representing:
Are you being paid for	r 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.)	
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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	Signature	
	Print Name	

Date: 03.21 8

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLE/	ASE PRINT CLEARLY
Agenda No.	Nam	
rigenda 110.	Addi	ress 16/ Hagzan DR. Sattle 101 VERGNA, WI 33593
		VERANA, WI 33593
Please check the appro	priate boxes:	
Support Oppose Neither Su	pport Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits:	Public Hearing Information Hearing Other Items	3 minutes
(If you answered "no,	ou representing an organization or a "STOP; you need not complete the telow, and go on to the next quest	e rest of this form. If you answered "yes," provide the nam
COMMENTS RELA	TED TO THE ITEM ON THE A	GENDA (optional):
CODICIO		
A .	ephone number of each person or or	
161 Hox	ran De sutte 101	
VEREN	A, W 53593	
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 for thing "STOP; you need not complete the	nis person or organization? Yes No ne rest of this form. If you answered "yes," go on to the nex

other government	ental body?
1 4 4	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 <u>03-2</u>	Signature Print Name North Lee FRAHM