Date: _____

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
H45 1078	Name Rubert Thomas Address 949 E Johnson
	Mades W 53700
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
Information Hearing	5 minutes g
	ganization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name the next question.)
COMMENTS RELATED TO THE ITE	M ON THE AGENDA (optional):
abut bike safety	na bike accident + veg concurred
Partner + I comm round. Speedings problem	mutt to wok by take all year on muttin
Name, address and telephone number of ea	ch person or organization you are representing:
Are you being paid for your representation	? Yes No
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)	d duties for this person or organization? Yes No ot 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 of	fice 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 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 at Room 103 of the City-County Building, Madison, for more information.)

Date April 2420(9)

Signature

Print Name

Date:	

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

A SERVICE AND A		PLEASE PRIN	T CLEARLY	
41		Name	ERRENCE	WALL
Agenda No.		Address	ERRENCE 57 cambr Madiso	idge Rd
			madiso	n°
Please check the appropri	ate boxes:			
Support Oppose Neither Suppo	ort Nor Oppose	and	Wish to speal Do not wish t Available to a	k to speak answer questions
In	iblic Hearing formation Hearingther Items	3 mii	nutes	
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 RELATE	D TO THE ITEM ON T	HE AGENDA	(optional):	
	The state of the s			A PROPERTY OF THE
Name, address and teleph	one number of each perso	n or organizatio	n you are representin	ng:
Are you being paid for yo	our representation?			Yes No
	t of your other paid duties TOP; you need not complete.			Yes No vered "yes," go on to the ne

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 that:	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>H451078</u> Name <u>Marlisa Carlan</u> Address <u>529 Cremons Are</u>
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: (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):
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 electe other government	ed official or employee who is appearing solely on behalf of your office or for your municipality or all body? Yes No
	"yes" to the question, STOP. You need not complete the rest of this form, except that you must sign inswered "no" to the question, go on to the next question.)
If you are being that:	paid for your representation, or if your appearance is part of other paid duties, please be advised
	efore you engage in lobbying as a lobbyist, you or your principal must file an authorization ith the City Clerk.
	our principal is not permitted to authorize you to lobby unless you are registered with the ity Clerk.
pe	your principal spends or will owe more than \$1,000 for lobbying services in any reporting eriod (half year), the principal must file expense statements with the City Clerk for the emainder of the calendar year?
,	e City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information.)
Date 4/24	1/19 Signature Int Carola
	Print Name Marlisa Candon

|--|

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY	
Agenda No. #	Name FRED WOHS Address 512 WGODONSIN AO WISCONSUN	
Please check the app	ropriate boxes:	
Support Oppose Neither St	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 REL	ATED TO THE ITEM ON THE AGENDA (optional):	
Name, address and to	elephone number of each person or organization you are representing:	
	for your representation?	
	s part of your other paid duties for this person or organization? Yes No o," 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			
(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.	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 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: 4.24.2018

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

PLEASE PRINT CLEARLY	
Agenda No. 51018 Name Jonny hunter Address (105 e. Johnson)	
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 na of whom you represent below, and go on to the next question.)	me
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):	
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 Who (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the naquestion.)	ext

		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.)
If you that:	are bei	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.
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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?
		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	4	Signature Print Name Signature Print Name

Date:	

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEAS	SE PRINT CLEARLY
Agenda No.) 4 Name	1 0001
rigenda 110.	Addres	
Please check the appro	opriate boxes:	N. Hancock
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 pe "STOP; you need not complete the re at below, and go on to the next question	rest of this form. If you answered "yes," provide the nar
COMMENTS RELA	ATED TO THE ITEM ON THE AG	GENDA (optional):
	A THE LAND WAY	
Name, address and tel	lephone number of each person or orga	ganization you are representing:
	or your representation?	Yes No
Are you appearing as (If you answered "no, question.)	part of your other paid duties for this jo," STOP; you need not complete the r	person or organization? Yes No rest of this form. If you answered "yes," go on to the ne

	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 that:	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 4	Signature Print Name Chiff F., 5				

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

PLEASE PRINT CLEARLY				
	Name Patrick Heck Address 123 N Blount St Agt 303 Madison 53703			
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 (If you answered "no," STOP; you need not complet of whom you represent below, and go on to the next of COMMENTS RELATED TO THE ITEM ON THE	te the rest of this form. If you answered "yes," provide the name question.)			
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	or this person or organization? Yes No te 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				
	(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 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?				
	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: 4(24(18

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

PLEASE PRINT CLEARLY						
Agenda No.	Name Prudencia Montes Address 110 N. Harrock Modisan W1 53703					
Please check the appropri						
Support Oppose Neither Supp	and Wish to speak Do not wish to speak Available to answer questions					
I	Public Hearing					
(If you answered "no," S	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 RELAT	ED TO THE ITEM ON THE AGENDA (optional):					
Name, address and telep	hone number of each person or organization you are representing:					
Are you being paid for y	our representation?					
	rt of your other paid duties for this person or organization? Yes 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 Yes No 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:

- Before you engage in lobbying as a lobbyist, you or your principal must file an authorization 1. with the City Clerk.
- Your principal is not permitted to authorize you to lobby unless you are registered with the 2. City Clerk.
- If your principal spends or will owe more than \$1,000 for lobbying services in any reporting 3. 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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 4-74)8 Signature Rudencia Hontes

Print Name Rug Montes

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

PLEASE PRINT CLEARLY					
Agenda No. H.4.	Name Lupe Montes Address 108 N. Hencock Madisan W1 53703				
Please check the appropriate boxes:					
Support Oppose Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions				
Information Hearin					
At this meeting are you representing an organization or a person other than yourself: Yes (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 ITE	M ON THE AGENDA (optional):				
Name, address and telephone number of ea	ach person or organization you are representing:				
Are you being paid for your representation	? Yes No				
Are you appearing as part of your other pa (If you answered "no," STOP; you need no question.)	id duties for this person or organization? Yes No 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 beha	If 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	e rest of this form, except that you must sign
this form If you answered "no" to the question go on to the next question	n)

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	111-110		Cd 11
Date _	4/24/18	Signature _	7000
		Print Name	LUPE MONTES

Date: 24 April

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

PLEASE PRINT CLEARLY				
Agenda No.	Name Addres	Anne W 1709 h	Dinnebage	
Please check the appro	priate boxes:			
Support Oppose Neither Su	pport Nor Oppose	and Wish to spec		
Speaking Limits:	Public Hearing	3 minutes		
(If you answered "no,	u representing an organization or a per "STOP; you need not complete the ret below, and go on to the next question	est of this form. If you answ	Yes No No wered "yes," provide the name	
COMMENTS RELA	TED TO THE ITEM ON THE AG	ENDA (optional):		
Name, address and tele	ephone number of each person or orga	nization you are represent	ing:	
Are you being paid for		SEPARE NAME AND ADDRESS OF THE PARTY OF THE	Yes No	
	part of your other paid duties for this part of you need not complete the result.		Yes No wered "yes," go on to the next	

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? 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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,	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

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

PLEASE PRINT CLEARLY				
Agenda No. H,4		Name BRIAN J TY	ock ST	
Please check the appr	opriate boxes:			
Support Oppose Neither Su	pport Nor Oppo	and Wish to sp. Do not wis Available to) tions
Speaking Limits:	Information Hearin	5 minutes g3 minutes 3 minutes		
	"STOP; you need n	ganization or a person other than yourself: ot complete the rest of this form. If you and to the next question.)	Yes swered "yes,"	No provide the name
COMMENTS RELA	ATED TO THE ITE	M ON THE AGENDA (optional):		
Name, address and te	lephone number of ea	ach person or organization you are represer	nting:	
Are you being paid for	or your representation	?	Yes	⋈ No
Are you appearing as (If you answered "no question.)	part of your other pa ," STOP; you need n	id duties for this person or organization? not complete the rest of this form. If you an	Yes yswered "yes,"	No 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

(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.)

Yes

No No

If you that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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	4)24	Signature Bu Jack Print Name BRIAN J. TYDRICH

other governmental body?

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

PLEASE PRINT CLEARLY
Agenda No. 51078 Address 915 Jennifer St H4
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: (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):
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 ele	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 are being that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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Room 103 of th	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 O	24/18 Signature

Print Name

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

		PLEASE PRIN	T CLEARLY		
H.4	LIMITED ATS	Name	Jean F	-15her	
Agenda No. 510	078	Address	107 N.	Hancon	er St.
Please check the appro	priate boxes:				
Support Oppose Neither Sup	pport Nor Oppose	and	Wish to spe Do not wish Available to		S
Speaking Limits:	Public Hearing Information Hearing Other Items	3 mii	nutes		
(If you answered "no,"	u representing an organization "STOP; you need not complete below, and go on to the next	ete the rest of th		Yes wered "yes," prov	No vide the name
COMMENTS RELA	TED TO THE ITEM ON T	HE AGENDA	(optional):		
What				+ parki	ne
right be	will happen	the b	arrier	157	3
		•		•	
Name, address and tele	ephone number of each perso	n or organizatio	n you are represent	ing:	
Are you being paid for	your representation?			☐ Yes ☐	No.
	part of your other paid duties "STOP; you need not compl			Yes Ewered "yes," go	No on to the next

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes Your
		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 bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 the City-County Building, Madison, for more information.)
Date	41.	24/18 Signature Jean M. Fisher

Print Name

|--|

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

PLEASE PRINT CLEARLY	
Agenda No. H.4 Address Tim Wilson St Madisan WI, 53703	
Agenda No. H,4 Address 415 W. Wilson St	
Madison WI, 53703	
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose □ Neither Support Nor Oppose	
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 of whom you represent below, and go on to the next question.)	name
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):	
A significant misinformation campaign surrounds this project. Keep of m mind when making your decision. (See: Seen Kennedy. "Road block." The Isthmus, Dec. 3, 2017) The campaign involves spreading false and mist information designed to generate public apposition to the project.	415
in mind when making your decision. (See: Seen Kennedy. "Road block."	
The Isthmus, Dec. 3, 2017) The campaign involves spreading talse and mist	eading
intermetran designed to generate public apposition to the project.	
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 question.)	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			
	(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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,	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: 4-24-18

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY		
Agenda No.	Name Matt Brink Address Dol Tierney Dr Wannekee, 41 53597		
Agenda No. Viv	Address 1501 Tierney Dr		
	Wanneker, 4, 53597		
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	3 minutes		
(If you answered "no," STOP; you need not comp	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):		
Lerrer Submitteel			
COLUMN STATE OF THE STATE OF TH			
Name, address and telephone number of each pers	son or organization you are representing:		
701 E. Washington Au 108-658-7431	1e \$107, Madison, 4, 53703		
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 need not compuestion.)	es for this person or organization? Yes No plete the rest of this form. If you answered "yes," go on to the next		

REGISTRATION STATEMENT - PAGE 2
elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
vered "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.)
being paid for your representation, or if your appearance is part of other paid duties, please be advised
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.
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 f the City-County Building, Madison, for more information.)
24-18 Signature 11th Max Brink

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

PLEASE PRINT CLEARLY
Agenda No. H. 4. 51078 Name Kate Knudson Address 949 E. Johnson
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: (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 am a near year round bike commuter and the bike boulevard on Mittlin has been part of my daily commute for 6 years. With increased car traffic live been worried for my safety of the safety of other commuters many times. The test installation of the director cut down on automobile speed to protected the safety of everyone in the neighborhood. Please make it permen
Name, address and telephone number of each person or organization you are representing: N/A
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.)

		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 _	4/2	1/18 Signature Con- Con- Con- Con- Con- Con- Con- Con-