Date: 4/21/18

#### CITY OF MADISON

# Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

	A SECOND STREET	PLEASE PRI	NT CLEARLY				
Agenda No.	2	Name	MADISON	YOCH DESCH WIS3	5 r		
Please check the appro	priate boxes:				<b>,</b>		
Support Oppose Neither Su	pport Nor Oppose	and	Do not wish		ions		
Speaking Limits:	Public Hearing	3 m	ninutes				
(If you answered "no,	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	TED TO THE ITEM ON T	HE AGENDA	A (optional):				
Name, address and tel	ephone number of each person	n or organizati	ion you are represent	ing:			
Are you being paid for	r your representation?			Yes	□No		
	part of your other paid duties "STOP; you need not compl			Yes wered "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 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 being that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised				
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
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:
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### CITY OF MADISON

# Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

		PLEASE PRI				
11		Name	JEFF	HELD,	STRAN	Dise
Agenda No.	4	Address _	110 WE	35) Wi	ngra	Dire
			19dison	, WI		
Please check the appr	opriate boxes:					
Support Oppose Neither Su	pport Nor Oppose	and	☐ Do	ish to speak o not wish to vailable to an	speak swer questi	ons
Speaking Limits:	Public Hearing Information Hearing Other Items	3 n	ninutes			
(If you answered "no,	ou representing an organization of the second of the secon	lete the rest of			Yes ed "yes," p	☐ No provide the name
COMMENTS RELA	ATED TO THE ITEM ON I	THE AGENDA	A (optional	):		
	MES STREET ASSESSMENT					
					3133	
	lephone number of each perso		ion you are	representing		
SIKAND I	BOCIFIES, INC		-			
910 WE	st winger p	RIVE,	MADIS	ON, W	1 53	715
608 - 25	51-4843					
Are you being paid fo	or your representation?				▼ Yes	□No
	part of your other paid duties," STOP; you need not compa				Yes red "yes,"	No go on to the next

Are you an el other governm	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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	o 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

Date: 4-24.2018

### **CITY OF MADISON**

### Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

Alle On Last	PLEASE PRINT CLEARLY
Agenda No.	Name Jonny hunter  H.2  Address 105 e johnson
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
(If you answered "no,	ou 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 at below, and go on to the next question.)
COMMENTS RELA	ATED TO THE ITEM ON THE AGENDA (optional):
Name, address and tel	lephone number of each person or organization you are representing:
Are you being paid fo	r your representation?
Are you appearing as	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

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  Yes  Yes			
		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			
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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 _	4.2	Signature Print Name  jonny han tex			

Date: 4(24/18

### **CITY OF MADISON**

## Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

		PLEASE PRIN	TCLEARLY		
Agenda No. 51	170	Name Address	23 N Blo Marison	Jeck 53903	Apt 303
Please check the appr	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose	and	Wish to speal Do not wish to Available to		S
Speaking Limits:	Public Hearing Information Hearing Other Items	3 mi	nutes		
(If you answered "no,	ou representing an organization," STOP; you need not compute below, and go on to the new	olete the rest of th			] No vide the name
COMMENTS RELA	ATED TO THE ITEM ON	THE AGENDA	(optional):		
	MARKET STATE				100 5, 65
Name, address and te	lephone number of each pers	on or organizatio	n you are represention	ng:	
	or your representation?				] No
	part of your other paid dutie o," STOP; you need not comp				No 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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Date	Signature			
	Print Name			

Date: 4/24/18

### **CITY OF MADISON**

## Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
Agenda No. <u>51170</u> 42	Name Diniel Smith  Address 915 Jennifer St
Please check the appropriate box	es:
Support Oppose Neither Support N	and Wish to speak Do not wish to speak Available to answer questions
Informat	earing
At this meeting are you represent (If you answered "no," STOP; of whom you represent below, as	ting an organization or a person other than yourself: Yes No you need not complete the rest of this form. If you answered "yes," provide the name and go on to the next question.)
COMMENTS RELATED TO	THE ITEM ON THE AGENDA (optional):
Name, address and telephone nu	mber of each person or organization you are representing:
Are you being paid for your rep	resentation?
Are you appearing as part of you	ar other paid duties for this person or organization? Yes No wou need not complete the rest of this form. If you answered "yes," go 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 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.)
ng 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?
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.
Signature Print Name Onit South

Date: 4/24/18

### **CITY OF MADISON**

## Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	-	PLEASE PRII	NT CLEARLY				
Agenda No. <u>H2</u>	51170	Name	Marli.	sa Cor Clemon	Son s Ap		
Please check the appro	opriate boxes:						
Support Oppose Neither Su	pport Nor Oppos	and e	Do not wis		ons		
Speaking Limits:	Information Hearing	5 m3 m3 m	inutes				
(If you answered "no,	At this meeting are you representing an organization or a person other than yourself: Wes 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	TED TO THE ITEM	ON THE AGENDA	(optional):		C Contract		
Name add	lanhana mush C			4:	CHARLES OF THE		
Mary Mary	lephone number of each	shborhood	Assoc,	iting:			
Are you being paid fo	r your representation?			Yes	No		
	part of your other paid," STOP; you need no			Yes swered "yes,"	No go on to the next		

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.)		
If you 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 <u>m</u> ore information.)		
Date	Signature DM Canda Print Name MK Canda		
ATTENDED TO THE PARTY OF THE PA	·······································		

Date: 24 April

### **CITY OF MADISON**

## Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

PLEASE	PRINT CLEARLY
Agenda No. + 2 510 Name Address	Anne Walker 1709 Winnebage 87
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions
Speaking Limits: Public Hearing	3 minutes
At this meeting are you representing an organization or a pers (If you answered "no," STOP; you need not complete the rest of whom you represent below, and go on to the next question.  COMMENTS RELATED TO THE ITEM ON THE AGE	st of this form. If you answered "yes," provide the name  /2 mya water
Name, address and telephone number of each person or organ	nization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties for this po (If you answered "no," STOP; you need not complete the requestion.)	erson or organization? Yes No

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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Date	Signature			
	Print Name			

April Date:	24	2018
Date:	aq	2010

### **CITY OF MADISON**

# Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY
Agenda No. 51170  Name Rohot Thomas  Address 949 t Johnson  Ward-San
Agenda No. 3 110 + Address 949 t Johnson
Wad-San
Please check the appropriate boxes:
Support Oppose Neither Support Nor Oppose  and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits: Public Hearing
At this meeting are you representing an organization or a person other than yourself:  [Yes] No  (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):
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 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

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

Yes

inis jorni. 1j y	ou answered no to the question, go on to the next question,	
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised	
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	
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	o 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 Apv	1/242018 Signature Read Signature	

**Print Name** 

other governmental body?