Date: 7/1/19

CITY OF MADISON

Registration Statement - TRANSPORTATION POLICY & PLANNING BOARD

	PLEASE PRINT CLEARLY			
Agenda No. F.3	Name Ann Konch Address 2605 Golden Gate Wary Maden W/ 53713			
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Opp	and Wish to speak Do not wish to speak Available to answer questions			
Information Hear	5 minutes ing			
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 IT	EM ON THE AGENDA (optional):			
Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation	on? Yes No			
	paid 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 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 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: 7/1/2019

CITY OF MADISON

Registration Statement – TRANSPORTATION POLICY & PLANNING BOARD

	PLEASE PRINT CLEARLY		
Agenda No. F.3	Name Jim Wilson Address 5510 Pheasant Will Rd Manona, wit		
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			
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?	☐ Yes ☐ No		
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
100	ered "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.)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 7/1/19

CITY OF MADISON

Registration Statement – TRANSPORTATION POLICY & PLANNING BOARD

	PLEASE PRINT CLEARLY		
Agenda No. F3	Name ELzabeth Jeste Address 5124 South H:11 D. Madison, wi 53705		
Please check the appropriate boxes			
Support Oppose Neither Support Nor	and Wish to speak Do not wish to speak Available to answer questions		
Information	ring		
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 TI	HE ITEM ON THE AGENDA (optional):		
Name, address and telephone numb	per of each person or organization you are representing:		
Are you being paid for your repres	entation? Yes No		
	other paid duties for this person or organization? Yes No u need not complete the rest of this form. If you answered "yes," 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		
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.)		
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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Date	Signature		
	Print Name		

Date: 7-1-19

CITY OF MADISON

Registration Statement – TRANSPORTATION POLICY & PLANNING BOARD

	P	LEASE PRINT CLEA		٨
Agenda No. F3	A A	Name Ber	6 5.17	dee
Please check the appro	opriate boxes:			
Support Oppose Neither Su	pport Nor Oppose		Wish to speak Do not wish to spe Available to answ	
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 RELA	TED TO THE ITEM ON TH	E AGENDA (option	nal):	
Name, address and tel	ephone number of each person of	or organization you a	are representing:	
	r your representation?			Yes No
Are you appearing as (If you answered "no, question.)	part of your other paid duties for "STOP; you need not complete	r this person or organ the rest of this form	nization? n. If you answered	Yes No I "yes," 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 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 bei	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 – TRANSPORTATION POLICY & PLANNING BOARD

PLEASE PRINT CLEARLY
Name R-BJEID
Agenda No Address /SI SPAIGHT ST
Mad. 304, WI 53703
Please check the appropriate boxes:
Support and Wish to speak
Oppose Neither Support Nor Oppose Do not wish to speak Available to answer questions
Speaking Limits: Public Hearing
Information 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):
In vigageds to the near \$8,000.00 assement of ew. Wilson 5th 53705 and Sroom St. Medison. WI 53705
Name, address and telephone number of each person or organization you are representing:
SUPRAY
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 eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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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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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information.) Signature
	Print Name C S C O

Date: July 1,2019

CITY OF MADISON

Registration Statement - TRANSPORTATION POLICY & PLANNING BOARD

		PLEASE	PRINT CLEARLY		
Agenda No. F	3	Name Address	GRACE 350 S	HASLER	70N ST 3703
Please check the appr	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose		Do no	to speak t wish to speak able to answer que	stions
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 O	N THE AGE	NDA (optional):		
Name, address and te	lephone number of each pe	erson or organ	ization you are rep	resenting:	
Are you being paid for	or your representation?			☐ Yes	□No
	part of your other paid dut ," STOP; you need not con				No go on to the next

Are you an elother government	ected official or employee who is appearing solely on behalf of your office or for your municipality of the mental body?		
	ered "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.)		
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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 the City-County Building, Madison, for more information.)		
Date Ju	14/2019 Signature Grace B HASLER		

Date:	
_ ~~.	

CITY OF MADISON

Registration Statement – TRANSPORTATION POLICY & PLANNING BOARD

	PLEASE PRINT CLEARLY	
Agenda No.	Name Peter Taylin Address 718 W. Britteylan	
Please check the appropriate 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 RELATED TO THE ITEM ON THE AGENDA (optional):		
Name, address and tel	ephone number of each person or organization you are representing:	
Are you being paid for your representation?		
	part of your other paid duties for this person or organization? Yes No No STOP; you need not complete the rest of this form. If you answered "yes," go on to the next	

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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