AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC 3630 MINUS Lee Street				
YOUR NAME ANGIE Black DATE				
YOUR ADDRESS 232 Wes	st Washington 1	AV2,540 -	705	
Please check the appropriate boxes:	O			
Support	☐ Oppose	☐ Neither Suppor	t Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to spea	k (3 min. limit)	
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish	to speak	
Available to answer questions	☐ Available to answer questions	☐ Available to	answer questions	
At this meeting are you representing a (If you answered "no," STOP; you need not of	n organization or a person other that complete the rest of this form. If you answer	n yourself:  Yes	☐ No next questions.)	
Name, address and telephone number of ea	ch person or organization you are repres	senting:		
se app materials				
Are you being paid for your representation?		Yes	□ No	
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of	Yes this form.	₩ No	
Are you an elected official or employee who i for your municipality or other governmental b (If you answered "yes" to the question, STOP that you must sign this form. If you answered	ody? • You need not complete the rest of this for	☐ Yes	Ď∕No	
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(Please go to the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)  Date 121 26 Signature				

#### PLAN COMMISSION PUBLIC HEARING GENERAL INFORMATION

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AGENDA ITEM NO. 15 SUBJECT/ADDRESS/TOPIC 3630 MILLIAUKEE ST.				
YOUR NAME DAN O'CALAGHAN DATE 1/27/20				
YOUR ADDRESS CARLSON B	MACK 222 W. WASHING	TON AVE.		
Please check the appropriate boxes:				
Support	□ Oppose □	Neither Support Nor Oppose		
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to speak		
Available to answer questions	☐ Available to answer questions	☐ Available to answer questions		
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," go on to the next questions.)  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?  (If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  If you answered "yes," please continue.)				
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 questions.)				
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Date 1/27/20 Signature ( )				

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AGENDA ITEM NO. 15 SU	JBJEÇT/ADDRESS/TOPI	c 3030	Milwa	ukee S
YOUR NAME	Steines	DATE /- 6	27-20	
YOUR ADDRESS 3307	Chicago	And 1	MADI	SON
Please check the appropriate boxes:				
□ Support	Oppose	□ Neithe	er Support N	or Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min.	limit) 🗆 Wi	sh to speak (	3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	□ Do	not wish to s	peak
☐ Available to answer questions	☐ Available to answer of	uestions	ailable to ans	wer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person complete the rest of this form. I	other than yourself you answered "yes,"	f:  Yes go on to the nex	No t questions.)
Name, address and telephone number of ea				
Are you being paid for your representation?			☐ Yes	No
Are you appearing as part of your other paid of (If you answered "no" to both these questions. If you answered "yes," please continue.)	duties for this person or organizs, STOP. You need not complete	ation? e the rest of this form.	☐ Yes	☑ No
Are you an elected official or employee who is for your municipality or other governmental to (If you answered "yes" to the question, STOP that you must sign this form. If you answered	oody? <b>P.</b> You need not complete the re	st of this form except	☐ Yes	No
If you are being paid for your representation,	or if your appearance is part of	other paid duties, pleas	e be advised that	ıt:
1. Before you engage in lobbying as a lobby	vist, you or your principal must	file an authorization w	ith the City Cler	k.
2. Your principal is not permitted to authori				
3. If your principal spends or will owe more principal must file expense statements wi	than \$1,000 for lobbying servi th the City Clerk for the remain	ces in any reporting pe ing quarters of the cale	riod (calendar si endar year.	x months), the
(Please go to the City Clerk's website <u>www.ci</u> County Building, Madison, for more informati	ityofmadison.com/clerk/index.ht ion.)	ml or go to the Clerk's	Office at Room	103 of the City-
Date S	Signature			

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AGENDA ITEM NO. SU	AGENDA ITEM NO. SUBJECT/ADDRESS/TOPIC 36 30 MILLY SUBJECT/ADDRESS/TOPIC				
YOUR NAME LOY HOST ASIONSKI DATE 27 IAV 2020					
YOUR ADDRESS 30 LAN	SING ST.	<u> </u>			
Please check the appropriate boxes:					
□ Support	Oppose	☐ Neither Support Nor Oppose			
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)			
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to speak			
☐ Available to answer questions	☐ Available to answer questions				
At this meeting are you representing a (If you answered "no," STOP; you need not	complete the rest of this form. If you answe	ered "yes," go on to the next questions.)			
Name, address and telephone number of e	ach person or organization you are repre	esenting:			
Are you being paid for your representation?					
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organization? is, STOP. You need not complete the rest of	☐ Yes ☐ No of this form.			
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AGENDA ITEM NO. 5878 SI	JBJECT/ADDRESS/TOPIC 🍣	A MILLYAUL	H- C
YOUR NAME JOHN CHAR	LES NEWMAN DAT	. 1	27/020
YOUR ADDRESS 404 ALGO			1 (37/24)
Please check the appropriate boxes:		iorgeod, W	1,35701
Support			
	Oppose	☐ Neither Sup	port Nor Oppose
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to s	speak (3 min. limit)
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not w	vish to speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available	e to answer questions
At this meeting are you representing a (If you answered "no," STOP; you need not	an organization or a person other the	an vourself.	Vac
Name, address and telephone number of e	ach person or organization you are repr	esenting:	o the next questions.)
Are you being paid for your representation?			Yes  No
Are you appearing as part of your other paid (If you answered "no" to both these question If you answered "yes," please continue.)	duties for this person or organization? ss, STOP. You need not complete the rest of	f this form.	Yes 🔲 No
Are you an elected official or employee who for your municipality or other governmental to (If you answered "yes" to the question, STOI that you must sign this form. If you answered	oody? P. You need not complete the rest of this fo	m avaant	Yes 🗖 No
If you are being paid for your representation,	or if your appearance is part of other paid of	luties, please be ad	vised that:
	vist, you or your principal must file an auth		
2. Your principal is not permitted to authori	ze you to lobby unless the principal is regis	stered with the City	Clerk.
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AGENDA ITEM NO. 58787 SUBJECT/ADDRESS/TOPIC 3630 MILWAUKER, 87				
YOUR NAME Susan Thering DATE 27 law 2020				
*****	weland Ave Madiso	m (1)1 52	704	
Please check the appropriate boxes:		37	10-1	
□ Support	Oppose	Neither Support	Nor Oppose	
☐ Wish to speak (3 min. limit)	Wish to speak (3 min. limit)	☐ Wish to speak		
☐ Do not wish to speak	☐ Do not wish to speak	☐ Do not wish to		
☐ Available to answer questions	☐ Available to answer questions	☐ Available to a		
At this meeting are you representing a (If you answered "no," STOP; you need not o	n organization or a person other than complete the rest of this form. If you answered	yourself: Yes	Min	
Name, address and telephone number of ea	ch person or organization you are represe	nting:		
			5	
Are you being paid for your representation?		☐ Yes	□ No	
Are you appearing as part of your other paid d (If you answered "no" to both these questions If you answered "yes," please continue.)	uties for this person or organization?  STOP. You need not complete the rest of the	☐ Yes is form.	□ 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?  (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 questions.)				
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A CIDADA VIDEA CALO	x ( )		0. /	
	BJECT/ADDRESS/TOPIC / I W	auxer	J+ Pla	
YOUR NAME (O)	Landsness DATE_	1/27		
YOUR ADDRESS 1308	Jeniter	153	703	
Please check the appropriate boxes:				
□ Support	□ Oppose □ Neith	er Support l	Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	Zish to speak	(3 min. limit)	
☐ Do not wish to speak		o not wish to		
☐ Available to answer questions	☐ Available to answer questions ☐ A	vailable to an	swer questions	
(If you answered "no," STOP; you need not of	n organization or a person other than yourse complete the rest of this form. If you answered "yes,"	elf: Yes go on to the ne	No ext questions.)	
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 paid of (If you answered "no" to both these questions If you answered "yes," please continue.)	duties for this person or organization? s, STOP. You need not complete the rest of this form.	☐ Yes	□ No	
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AGENDA ITEM NO. <u>59787</u> SU	BJECT/ADDRESS/TOPIC 3630	MI wakee p	lan approve
YOUR NAME Len Agn	e w DATE	1/27/202	0
YOUR ADDRESS 2157 O	aknoge Ave Man	lisa WI	53704
Please check the appropriate boxes:			
□ Support	<b> ▼</b> Oppose □	Neither Support	Nor Oppose
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak	(3 min. limit)
☐ Do not wish to speak	☑ Do not wish to speak	☐ Do not wish to	speak
☐ Available to answer questions	☐ Available to answer questions	☐ Available to an	swer questions
At this meeting are you representing a (If you answered "no," STOP; you need not on Name, address and telephone number of each of the state of the s	complete the rest of this form. If you answere	ed "yes," go on to the ne	□ No ext questions.)
	T J J J J J J J J J J J J J J J J J J J		
Are you being paid for your representation?		☐ Yes	₩No
Are you appearing as part of your other paid of (If you answered "no" to both these questions If you answered "yes," please continue.)		☐ Yes his form.	No No
Are you an elected official or employee who is for your municipality or other governmental by (If you answered "yes" to the question, STOF that you must sign this form. If you answered	ody? • You need not complete the rest of this forn	☐ Yes n except	No
If you are being paid for your representation,	or if your appearance is part of other paid du	nties, please be advised t	hat:
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Date 1/27/2020 S	Signature U/U		

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AGENDA ITEM NO. 15 SUBJECT/ADDRESS/TOPIC 3630 MILWAUKEE ST				
YOUR NAME DAY HOST-JABLONSKI DATE 1/27/20				
YOUR ADDRESS 4109 DK	LEXEL AVE MADISON	01 53716		
Please check the appropriate boxes:				
□ Support	Oppose	☐ Neither Support	Nor Oppose	
☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)	☐ Wish to speak		
☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to	speak	
☐ Available to answer questions	Available to answer questions	☐ Available to a	nswer questions	
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