18848



Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print Agenda No.	PLEASE PRINT NAME CLEARLY Name WAYNE STRONG Address
Please check the appropriate box:	Please check the appropriate box:
Support Oppose	AND Wish to speak
☐ Neither Support Nor Opp	pose
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answerled "yes," provide the name
•	n person or organization you are representing:
SOUTHSIDE RAIDERS Y	DUTH FOUT BALL
	Phocham
Cel 1 AT ST	
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid (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
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
		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?		
(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	6/1	S/10 Signature Way N Strong		
		Print Name WAYNE STRONG		



WISH TO SPEAK FORM

Date:

CITY OF MADISON

Registration Statement	
nt Div	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name TSAONE KMX Address (735 Boino Str MDOYON, W
Please check the appropriate box:	Please check the appropriate box:
Support Oppose	AND Wish to speak
☐ Neither Support Nor C	ppose
At this meeting are you representing an or (If you answered "no," STOP ; you need of who you represent and go on to the next	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question.)
Name, address and telephone number of e	each person or organization you are representing:
Souther Car RAINER	S 7001 PORT ST. MANGO, WH
Are you being paid for your representation	n? Yes No
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)	aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hear	Common Council) 5 minutes ing 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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 beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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Date 6	10/10 Signature Muller Carl		
l	Print Name TSnoors (CNOX JE		