



Date: 9/7/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 99
19032

PLEASE PRINT NAME CLEARLY

Name TOM ROYSTON
Address 5238 ESKER DR.
MADISON, WI 53704

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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 who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

BADGER CAB CO.
700 COTTAGE GROVE RD MADISON, WI 53716
(608) 256-5566

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.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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.
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 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 Sept 7 2010 Signature Thomas C. Royston
Print Name TOM ROYSTON



Date: 9/7

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name Christina Ballard

Address 1624 Fordom Ave #203
Madison, WI 53704

Agenda No. 99
19032

Please check one:

AND

Please check:

Support

Wish to Speak

Oppose

Neither Support Nor Oppose

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Date 9/7/10

Signature Christina M Ballard

Print Name Christina M Ballard



Date: 4/9/7/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. #99

PLEASE PRINT NAME CLEARLY

Name JASON GLOMP
Address 1624 FORDEN AVE #203

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

At this meeting are you representing an organization or a person other than yourself: Yes No
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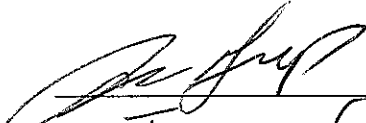
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Date 9/7/10

Signature 
Print Name Jayos Clomp



Date: Sept 7 - 2010

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 99

Name Jodie Schmidt - Operations Mng.
Address 1621 Beld St - "Green Cab"
of Madison

Please check the appropriate box:

Please check the appropriate box:

Support

AND

Do not wish to speak

Oppose

Neither Support Nor Oppose

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Date Sept 7 Signature Jodie Schmidt
Print Name Jodie Schmidt