

**REGISTRATION OF PRINCIPAL  
EMPLOYING A LOBBYIST**  
For Use In 2001-2002

Return to Office of the City Clerk, 210 Martin Luther King, Jr. Blvd., Room 103, Madison, WI 53709-0001

**Section 1 -- Identification of Principal**  
**"Principal" means any person who employees a lobbyist.**

~~KIM SPONEM~~ Strang, Inc  
Name of Principal

Name of in-house person the City Clerk's Office may contact regarding lobbying issues:

Sponem Kim EVP/COO  
Last Name First Name Title

401 S Yellowstone Dr  
Mailing Address

Madison WI 53719  
City State Zip Code

Business Address (if different)

608-276-1645  
Contact Phone

608-276-1650 KimS@canaca.org  
Contact FAX Contact E-mail Address

Principal's Internet Address

Person to whom correspondence should be sent (if different from above)

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Firm or Organization Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone FAX E-mail Address

**Section II -- Nature and Interest of Principal**

Check one of the following and complete only that section:

**Business Entity**

Financial Institution

Describe the business activity in which the entity is engaged

Chief Executive Officer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If partnership or limited liability company, check here  and attach list of partners/members.

**Industry, Trade or Professional Association**

Describe the industry, trade or profession including any segment thereof which the association exclusively or primarily represents

Chief Executive Officer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate number of members: \_\_\_\_\_

**Other Not for Profit**

Governmental

Labor Union

Charitable/Religious/Civic, etc.

Other

Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents

Describe any industry, trade, profession, or group with a common interest which the organization primarily represents or from which the organization's membership or financial support is primarily derived

Approximate number of members: \_\_\_\_\_

**Individual**

Name and address of the individual's employer, if any, or of the individual's primary place of business, if self-employed

Describe the business activity in which the individual or the individual's employer is engaged

**Section III -- Areas of Lobbying**

Provide a reasonably specific narrative summary of areas of legislative and administrative action the principal may attempt to influence:

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List the City agencies in which the principal seek to influence administration action:

- All       None       Agencies listed below

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Identify the proposed legislative or administrative action in connection with which the principal has made or intends to make a lobbying communication before December 31.

1. Item: \_\_\_\_\_

a. How will this item affect the principal's business or other activity?

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b. Which industry, trade, profession or segment or portion thereof would be principally affected?

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c. If the item is an appropriation, please identify the City program or person for which the appropriation is proposed and the approximate amount, if you know the amount.

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For additional items, attach additional sheets.

2. If lobbying communication relates to the capital or operating budget, identify topic or topics.

**CAPITAL BUDGET**

**OPERATING BUDGET**

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topic

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**Section IV - Authorization of Lobbyists**

The following lobbyists are authorized to represent the principal in proposed legislative or administrative action.

1. Lobbyist's Name: PETER TAN  
Mailing Address: 6411 MINERAL POINT ROAD MADISON, WI 53705-0019  
Address City State Zip Code

Phone No.: 608-276-9200  
Contact Lobbyists: \_\_\_\_\_ or Employee: \_\_\_\_\_

2. Lobbyist's Name: MICHAEL J. JELINEK  
Mailing Address: 6411 MINERAL POINT ROAD MADISON, WI 53705-0019  
Address City State Zip Code

Phone No.: 608-276-9200  
Contact Lobbyists: \_\_\_\_\_ or Employee: \_\_\_\_\_

3. Lobbyist's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address City State Zip Code

Phone No.: \_\_\_\_\_  
Contact Lobbyists: \_\_\_\_\_ or Employee: \_\_\_\_\_

4. Lobbyist's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address City State Zip Code

Phone No.: \_\_\_\_\_  
Contact Lobbyists: \_\_\_\_\_ or Employee: \_\_\_\_\_

