

Section II – Nature and Interest of Principal

Check one of the following and complete only that section:

Business Entity

Describe the business activity in which the entity is engaged

Chief Executive Officer: _____
Last First Title

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: _____
Last First Title

Approximate number of members: _____

Other not for Profit

Governmental Labor Union Charitable/Religious/Civil, 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

Debra Wells, 3626 Atwood Avenue, Madison, WI 53704
Name and address of the individual's employer, if any, or of the individual's primary place of business, if self-employed

Requesting a variance from the Zoning Board of Appeals
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:

Securing a variance regarding an addition to the property located at 3626 Atwood Avenue, Madison.

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

All None Agencies listed below

Zoning Board of Appeals

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: See above

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

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

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.

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

Not applicable

topic

topic

topic

topic

topic

topic

Not applicable

topic

topic

topic

topic

topic

Section IV – Authorization of Lobbyists

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

1. Lobbyist's Name: Michael R. Christopher
Mailing Address: 2 East Mifflin Street Madison WI 53703
Address City State Zip Code
Phone No.: 608/252-9365
Indicate if: Contract Lobbyists or Employee

2. Lobbyist's Name: Sybil H. Letzing
Mailing Address: 2 East Mifflin Street Madison WI 53703
Address City State Zip Code
Phone No.: 608/252-9232
Indicate if: Contract Lobbyists or Employee

3. Lobbyist's Name: _____
Mailing Address: _____
Address City State Zip Code
Phone No.: _____
Indicate if: Contract Lobbyists or Employee

4. Lobbyist's Name: _____
Mailing Address: _____
Address City State Zip Code
Phone No.: _____
Indicate if: Contract Lobbyists or Employee

Section V – Authorized Signer

1. Name: Michael R. Christopher
Position or Relationship to Principal: Attorney

2. Name: _____
Position or Relationship to Principal: _____

3. Name: _____
Position or Relationship to Principal: _____

4. Name: _____
Position or Relationship to Principal: _____

Section VI – Certification

I certify that the above is true and correct to the best of my knowledge, information and belief, and that I am the registrant or an authorized designee. I understand that I am subject to forfeiture if I know or believe any of the above information not to be true.

Debra Wells Principal
Signature Title

Debra Wells May 2, 2001
Type or print name as signed above Date

Address & Telephone (if different from first page of this form)

Michael R. Christopher, Attorney
Individuals permitted to sign documents – Name and position of relationship to the principal of any designee authorized to sign documents submitted to the City Clerk by the organization principal.

Subscribed before me this 2 day of May, 2001.

Michael R. Christopher
Notary

Commission expires: in permanent