

RECEIVED
01 JAN 19 17:12:20
**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 employs a lobbyist.

Patrick O'Brien - YMCA of Dane County
Name of Principal

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

O'Brien Last Name Patrick D. First Name President/CEO Title

5515 Medical Circle
Mailing Address

Madison City WI State 53719 Zip Code

Same
Business Address (if different)

608-276-6616 x-240
Contact Phone

608-276-6613
Contact FAX

poobrien@ymca.danecounty.org
Contact E-mail Address

Principal's Internet Address

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

Same 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

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/Civic, etc. Other

Not-for-profit providing healthy lifestyle programs for youth, adults, and families
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:

planning commission

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

- All None Agencies listed below

planning commission

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: 9702600 - Conditional Use Permit Application
YMCA of Dane County East Branch

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

Will allow for the expansion of our facilities
and related parking

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.

Section IV - Authorization of Lobbyists

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

1. Lobbyist's Name: Patrick O'Brien - YMCA of Dane County
Mailing Address: 5515 Medical Circle Madison WI 53719
Address City State Zip Code

Phone No.: _____
Contact Lobbyists: _____ or Employee: _____

2. Lobbyist's Name: Warren Bauer - Potter and Lawson Architects
Mailing Address: 15 Ellis - Potter Court Madison WI 53711
Address City State Zip Code

Phone No.: ~~274-2746~~ 608-274-2741
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: _____

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 a forfeiture if I know or believe any of the above information not to be true.



Signature

Title

Type or print name as signed above

Date

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

Individuals permitted to sign documents -- Name and position or relationship to the principal of any designee authorized to sign documents submitted to the City Clerk by the organization principal.

Subscribed before me this _____ day of _____, 2001.

Notary

Commission expires: _____