

REGISTRATION OF PRINCIPAL
EMPLOYING A LOBBYIST
For Use In 2003

RECEIVED-CITY OF MADISON
CLERKS OFFICE

Return to Office of the City Clerk, 210 Martin Luther King, Jr. Blvd., Room 103, Madison, WI 53703 00 SEP 22 PM 3:33

Section 1 -- Identification of Principal

"Principal" means any person who employs a lobbyist.

Progressive Wisconsin, Inc. (AW)
Name of Principal

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

Springer Carrie Communications Director
Last Name First Name Title
2158 Atwood Ave. Suite 201
Mailing Address
Madison WI 53704
City State Zip Code

Business Address (if different)

608-442-1376

Contact Phone

608-442-1439

Contact FAX

carrie@progressivewisconsin.org
Contact E-mail Address

www.progressivewisconsin.org
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

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

PW's purpose is to increase the political effectiveness of
Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents *Progressives & progressive organizations. - 501(c)(4) organizations*

Organized labor
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:

CITY activities That affect state government

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

- All None Agencies listed below

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: State shared revenue formula veto override
- a. How will this item affect the principal's business or other activity? lobbying by
the city
No affect on PW
- b. Which industry, trade, profession or segment or portion thereof would be principally affected?
I don't know what this means. The state
← The City would be 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

~~—~~ N/A

topic

topic

topic

topic

topic

topic

OPERATING BUDGET

topic

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: Douglas R. Burnett
Mailing Address: 1 Langdon St. Madison WI 53703
Address City State Zip Code
Phone No.: 608-332-3684
Indicate if: Contract Lobbyists or Employee
2. Lobbyist's Name: _____
Mailing Address: _____
Address City State Zip Code
Phone No.: _____
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: Carrie Springer
Position or Relationship to Principal: Comm. Director AT PW
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 a forfeiture if I know or believe any of the above information not to be true.

Cariett L. Springer Com. Dir.
Signature Title

Cariett L Springer September 22, 2003
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 22 day of September, 2003

Alyssa Decker
Notary

Commission expires: 2/5/2006