

REGISTRATION OF PRINCIPAL  
EMPLOYING A LOBBYIST

For Use In 2003

Return to Office of the City Clerk, 210 Martin Luther King, Jr. Blvd., Room 103, Madison, WI 53703-3342

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

Crystal Anders

Name of Principal

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

Anders \_\_\_\_\_ Crystal \_\_\_\_\_ Executive Director  
Last Name First Name Title

612 W. Main Street

Mailing Address

Madison

WI

53703

City

State

Zip Code

Business Address (if different)

608-256-1066

Contact Phone

608-256-8823

Contact FAX

www.communityshares.com

canders@communityshares.com

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**

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

Increasing support and awareness of the need for social, economic and environmental justice.

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

Agencies working in the areas of environmental protection, affordable housing & human rights

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: 39

**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:

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: Affordable housing

- a. How will this item affect the principal's business or other activity?  
It will advance our member agencies' work in ensuring accessible and affordable housing to local citizens.
- b. Which industry, trade, profession or segment or portion thereof would be principally affected?  
Housing
- 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.

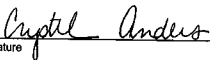
1. Lobbyist's Name: Crystal Anders  
Mailing Address: 612 W. Main Street , Madison, WI 53703  
Address City State Zip Code  
Phone No.: 608-256-1066  
Indicate if:  Contract Lobbyists or  Employee
  
2. Lobbyist's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address City State Zip Code  
Phone No.: \_\_\_\_\_  
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

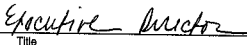
### Section V - Authorized Signer

1. Name: Crystal Anders  
Position or Relationship to Principal: Executive Director
  
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.

  
Signature

  
Title

Crystel Anders

April 18, 2003

Type or print name as signed above

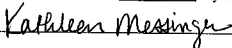
Date

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 18<sup>th</sup> day of April, 2003 <sup>3</sup> km

Notary



Commission expires:

10-31-04

