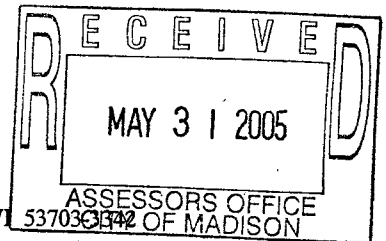


REGISTRATION OF PRINCIPAL  
EMPLOYING A LOBBYIST  
For Use In 2005



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

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

WHG REAL ESTATE SOUTH, LLC / WISCONSIN HOSPITALITY GROUP, LLC  
Name of Principal

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

SCHUMACHER Last Name      Julie First Name      TAX & Audit MANAGER Title

10930 W. POTTER ROAD  
Mailing Address

WAUWATOSA City      WI State      53226 Zip Code

Business Address (if different)

414-266-5100

Contact Phone

~~360~~ 414-778-2025

Contact FAX

Julie.SCHUMACHER@WHGroup.COM  
Contact E-mail Address

WWW.WHGO.NE.COM  
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**

RESTAURANT  
Describe the business activity in which the entity is engaged

Chief Executive Officer: Dillon MARK PRESIDENT & CEO  
Last First Title

If partnership or limited liability company, check here  and attach list of partners/members.  
MARK DILLON, DAVID ISRAEL, JIM QUERY, DAVID DEVOLKIN

**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

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:

~~THE~~ WISCONSIN HOSPITALITY GROUP, LLC HAS  
RETAINED ACUVAL, INC. TO REVIEW PROPERTY TAX  
ASSESSMENTS AND CHALLENGE ASSESSED VALUES WHERE APPROPRIATE

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

- All
- None
- Agencies listed below

ASSESSOR'S OFFICE, City of Madison

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?  
\_\_\_\_\_  
\_\_\_\_\_

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**

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topic

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topic

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topic

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topic

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topic

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topic

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topic

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topic

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topic

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topic

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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: Robert Lange, AccuVal Associates, Inc  
Mailing Address: 10218 N. Port Washington Road, Mequon, WI 53092  
Address City State Zip Code  
Phone No.: 262-241-1000  
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: TIMOTHY RANDALL  
Position or Relationship to Principal: CHIEF LEGAL COUNSEL, WISCONSIN HOSPITALITY GROUP
2. Name: JULIE SCHUMACHER  
Position or Relationship to Principal: TAX/AUDIT MANAGER, WISCONSIN HOSPITALITY GROUP
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.

WISCONSIN HOSPITALITY GROUP, LLC

By: Tim Radall

CHIEF LEGAL COUNSEL

Signature

Title

TIM RADALL

5/16/05

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 16<sup>th</sup> day of MAY, 2005

Cheryl A. Dettmann

Notary

Commission expires: 1/16/08

