

REGISTRATION OF LOBBYIST

For Use In 2006

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

Section 1 -- Identification of Lobbyist

"Lobbyist" means any person paid to influence administrative or legislative action.

Springmen Last Name Susan First Name President Title

2901 International LN Mailing Address Stc 100

Madison City WI State 53703 Zip Code

Business Address (if different)

608-242-5566 Contact Phone

608-242-1299 Contact FAX Sue@em.-mgmt.com Contact E-mail Address

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

06 JAN 25 PM 12:02
RECEIVED
CITY CLERK
MADISON

Section II -- Nature and Interest of Principal

Executive Management, Inc.
Name of Principal

Designated Representative of Principal:

Smith
Last Name

Adam
First Name

Associate
Title

PO Box 868T Madison WI, 53703
Mailing Address

City

State

Zip Code

Business Address (if different)

442 5052

Contact Phone

242 1299

Contact FAX

Contact E-mail Address

adam@emj-mgmt.com
Internet Address

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CLERKS OFFICE
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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: _____

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Co./Dept		Co.	
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Other Not for Profit

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:

Will appear before committees, meet with staff and elected officials and provide required information.

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: *University Square Redevelopment*

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

Significant time and resources have been invested in the project.

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

Development

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
TIF. topic	topic
topic	topic
topic	topic
topic	topic
topic	topic
topic	topic

Section IV - Authorization of Lobbyists

As a designated representative of the Principal, the Lobbyist named above is hereby authorized to lobby on behalf of the Principal.

- The lobbyist is an employee of the Principal.
- The lobbyist is also authorized to file expense reports or other filings on behalf of the Principal

Dated: _____

Name: _____

Position: _____

Signature: _____

Section V -- 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.

On Behalf of Lobbyist:

Adam Smith

Signature

Associate

Title

Adam Smith

Type or print name as signed above

11/24/06

Date

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

On Behalf of Principal:

Adam Smith

Signature

Associate

Title

Adam Smith

Type or print name as signed above

11/24/06

Date

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