

# REGISTRATION OF LOBBYIST

For Use In 2006

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CLERKS OFFICE

Return to Office of the City Clerk, 210 Martin Luther King, Jr. Blvd., Room 103, Madison, WI 53703-1806

05 DEC 22 PM 3:31

**Section 1 -- Identification of Lobbyist**  
**"Lobbyist" means any person paid to influence administrative or legislative action.**

White \_\_\_\_\_ Attorney \_\_\_\_\_  
Last Name First Name Title

PO Box 1806 \_\_\_\_\_  
Mailing Address

Madison \_\_\_\_\_ WI \_\_\_\_\_ 53703 \_\_\_\_\_  
City State Zip Code

Business Address (if different)  
608-283-2265

Contact Phone

608-283-2275 \_\_\_\_\_ wfwhite@michaelbest.com \_\_\_\_\_  
Contact FAX Contact E-mail Address

Internet Address

Person to whom correspondence should be sent (if different from above)  
McLeod \_\_\_\_\_ Eric \_\_\_\_\_  
Last Name First Name

Michael Best & Friedrich LLP \_\_\_\_\_  
Firm or Organization Name

PO Box 1806 \_\_\_\_\_

Mailing Address

Madison \_\_\_\_\_ WI \_\_\_\_\_ 53701-1806 \_\_\_\_\_  
City State Zip Code

608-283-2265 \_\_\_\_\_ 608-283-2275 \_\_\_\_\_ emmcleod@michaelbest.com \_\_\_\_\_  
Phone FAX E-mail Address



**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:

Real estate development

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

X  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: Real estate development

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**

\_\_\_\_\_  
topic  
\_\_\_\_\_  
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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: William White (Lobbyist and Attorney) and Eric McLeod (Attorney)

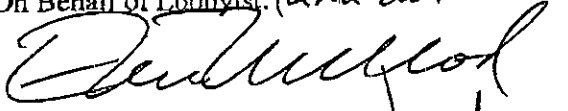
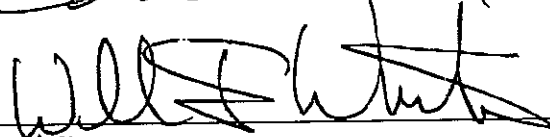
Position: Attorney's

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: (and authorized signer)

~~Eric McLeod~~ Attorney

Attorney and Lobbyist

Signature

Title

William White

12/12/05

Eric McLeod

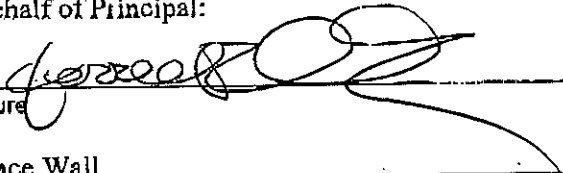
12/12/05

Type or print name as signed above

Date

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

On Behalf of Principal:



President

Signature

Title

Terrance Wall

12-22-05

Type or print name as signed above

Date

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