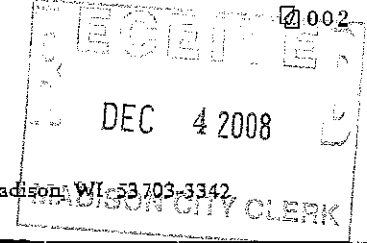


REGISTRATION OF LOBBYIST

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.

Kubly Last Name Carol First Name Ms. Title

2418 Badger Rd Mailing Address

Madison City WI State 53718 Zip Code

Business Address (if different)

608.278.2363 Contact Phone

Contact FAX ckubly@wm.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

Section II -- Nature and Interest of Principal

Waste Management

Name of Principal

Designated Representative of Principal:

Kubly Last Name Carol First Name Ms. Title

2418 Badger Rd Mailing Address

Madison City WI State 53718 Zip Code

Business Address (if different)

220.0463 Contact Phone

ckubly@wm.com Contact E-mail Address

608.273.1327 Contact FAX

Internet Address

Check one of the following and complete only that section:

Business Entity

Waste recycling, collection, treatment, and disposal
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

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:

Waste recycling, collection, disposal and treatment, general tax, employment, business issues, and transportation issues

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: Recycling

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

Waste Management provides recycling, waste collection, and disposal services to homes and businesses affected by the ordinance.

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

Unknown

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.

n/a

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
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: 12-4-08

Name: CAROL CASEY KUBLY

Position: SENIOR DISTRICT MGR

Signature: Carol Casey Kubly

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:

Signature _____ Title _____

Type or print name as signed above _____ Date _____

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

On Behalf of Principal:

Carol Casey Kubly Senior District Mgr-

Signature _____ Title _____

CAROL CASEY KUBLY 12-04-08

Type or print name as signed above _____ Date _____

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