



266-4666
4 pages

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.

Last Name: McDonell First Name: Scott Title: _____
 Mailing Address: 14 W. Gilman St. #1
 City: Madison State: WI Zip Code: 53703
 Business Address (if different): N/A
 Contact Phone: 608-259-9506
 Contact FAX: _____ Contact E-mail Address: Samcdonell@yahoo.com
 Internet Address: _____

Person to whom correspondence should be sent (if different from above)

Last Name: Same First Name: _____
 Firm or Organization Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ FAX: _____ E-mail Address: _____

Section II -- Nature and Interest of Principal

Name of Principal: SELF - Scott & Megan McDonell
 Designated Representative of Principal:
 Last Name: Same First Name: _____ Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Business Address (if different): _____
 Contact Phone: _____ Contact E-mail Address: _____
 Contact FAX: _____ Internet Address: _____

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

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

State of WI - DOA, Dane County Board of Supervisors
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:

Funding for Scott and Megan McDonell for rehab of 404 West Doty Street residence, through the Bassett Small Cap TIF Program

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

- All
- None
- Agencies listed below

Common Council, Board of Estimates

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: Resolution to provide funding through Basset Small Cap TIF program

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

Provides funding to rehab the property to become our primary residence

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

not applicable

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.

Not to exceed \$47,204

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

<u>Basset Small Cap TIF</u>
topic
topic
topic
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:

Signature _____ Title _____

Type or print name as signed above _____ Date _____

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

On Behalf of Principal:

Megan McDonnell *Scott McDonnell*
Signature _____

Megan McDonnell and Scott McDonnell *7/7/08*
Type or print name as signed above _____ Date _____

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

** We aren't paid at all for any of these activities - we are only representing ourselves as residents - because of the amount of money, we are informed that we still may need to register.*