

**REGISTRATION LOBBYIST  
FOR USE IN 2009**

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

**Section I – Identification of “Lobbyist” means any person paid to influence administrative or legislative action.**

Maloney	Jeff	Senior Associate
Last Name	First Name	Title

120 East Lakeside Street

Mailing Address

Madison	WI	53715
City	State	Zip Code

Business Address (if different)

(608) 255-3988	jmaloney@vandewalle.com
Contact Phone	Contact E-mail Address

(608) 255-0814	www.vandewalle.com
Contact Fax	Internet Address

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

Last Name	First Name	Title

Firm or Organization Name

Mailing Address

City	State	Zip Code

Contact Phone	Contact E-mail Address

Contact Fax	Internet Address

<b>Section II -- Nature and Interest of Principal</b>
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Meriter Health Services.

Name of Principal

Designated Representative of Principal:

<u>Melissa</u>	<u>Huggins</u>	<u>Senior Associate, Planning</u>
Last Name	First Name	Title

Meriter Health Services, 202 South Park Street

Mailing Address

<u>Madison</u>	<u>WI</u>	<u>53715</u>
City	State	Zip Code

Business Address (if different)

<u>608.417.5606</u>	<u>mhuggins@meriter.com</u>
Contact Phone	Contact E-mail Address

Check one of the following and complete only that section:

**Business Entity**

Describe the business activity in which the entity is engaged

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Chief Executive Officer:

_____	_____
Last Name	First Name

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 Name	First Name

Approximate number of members: \_\_\_\_\_

**Other Not for Profit**

- Governmental     Labor Union     Charitable/Religious/Civic, etc     Other

Non-Profit Health Care Sytem

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:

Creation of a master plan for Raymond Road Property

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: Planning for Raymond Road Property
  - 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 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	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: January 1, 2008

Name: Melissa Huggins

Signature: 

Section V - Certification

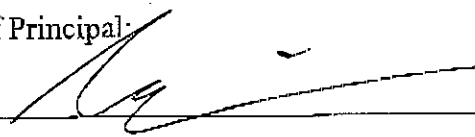
I certify that the above is true and correct to the best of my knowledge, information and belief, and that I am the registrant or an authorized designee. I understand that I am subject to forfeiture if I know or believe any of the above information may not be true.

On Behalf of Lobbyist:

Signature: 

Jeff Maloney January 6, 2009  
Type or print name as signed above Date

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

On Behalf of Principal:  
Signature: 

Melissa Huggins January 6, 2009  
Type or print name as signed above Date

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