

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.

Mehrhoff Last Name, Jeff First Name, Business Rep Title

1571 Ivory Drive Mailing Address

Sun Prairie City, Wisconsin State, 53590 Zip Code

Business Address (if different)

608-834-1690 Contact Phone

608-834-1695 Contact FAX

Jeff @ 1UPat DC7.com Contact E-mail Address

www.1UPatdc7.com 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

International Union of Painters Allied Trades District Council 7 Local 802 Name of Principal

Designated Representative of Principal:

Jorgensen Last Name, John First Name, Business Manager Title

2850 S. 166th ST P.O. Box 510308 Mailing Address

New Berlin City, WI State, 53151-0308 Zip Code

Business Address (if different)

262-797-7800 Contact Phone

262-797-7881 Contact FAX

John @ 1UPat dc7.com Contact E-mail Address

www.1UPatdc7.com 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

Promote the best interests of our members and employer partners
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: 500

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:

Our organization would like to talk about the Capital Budget and the positive effects of TIF for development

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: _____

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

Edgewater Hotel & Amendments

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: Nov. 4, 2009
Name: John T. Jorgensen
Position: BM/ST
Signature: [Handwritten 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:

Signature: [Handwritten Signature] Title: BM/ST

Type or print name as signed above: John T. Jorgensen Date: Nov. 4, 2009

Address & Telephone (if different from first page of this form): 414 477-3653