# **REGISTRATION OF LOBBYIST**

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

Vercauteren	Jeffrey		Attorney
_ast Name	First Name		Title
33 East Main Street, Ste. 300			
Mailing Address			
Vadison		WI	53703
City		State	Zip Code
Business Address (if different)			
(608) 445-9384			
Contact Phone			
		je	ff.vercauteren@huschblackwell.com
Contact Fax		Contact E-mail Address	
Internet Address			
Person to whom correspor	ndence should be sen	t (if different	t from above)
Vercauteren		•	, ffrey
Last Name			rst Name
Husch Blackwell Llp			
Firm or Organization			
33 East Main Street, Ste. 300			
Mailing Address			
Madison		<u>WI</u> State	53703 Zip Code
City		State	
(608) 445-9384 Phone	FAX		jeff.vercauteren@huschblackwell.com E-mail Address
Section II - Nature and Inte	erest of Principal		
Mike Slavish			
Name of Principal			
Designated Representative of	Principal:		
Slavish	Mike		
Last Name	First Name		Title
122 W. Washington Ave., Ste.	101		
Mailing Address			
Madison		WI	53703
City		State	Zip Code
Business Address (if different)			
(608) 255-5175		r	nslavish@hovdeproperties.com
Contact Phone			Contact E-mail Address
Contact Fax		<u> </u>	nternet Address
			ntornot () ddrooo

Check one of the following and complete only that section:

## Business Entity

**Describe the business activity in which the entity is engaged:** Real estate investment and development.

□ Is a partnership or limited liability company. See list of partners/members at end of form.

## Industry, Trade or Professional Association

Describe the industry, trade or profession including any segment thereof which the association exclusively or primarily represents:

### **Other Not for Profit**

Describe the organization's purpose:

Describe any other group with a common purpose the organization represents:

Describe any other group with a common interest the organization represents:

Describe any other group with a common interest providing membership to the organization:

Describe any other group with a common interest providing funding to the organization:

#### Individual

Name and address of the individual's employer, if any, or of the individual's primary place of business, if self-employ

Describe the business activity in which the individual or the individual's employer is engaged:

If Industry, Trade, or Professional Association, or Not for Profit, approximate number of members: Chief Executive Officer of Business Entity or Industry, Trade, or Professional Association:

Last Name

First Name

Section III - Areas of Lobbying					
attemp	de a reasonably specific narrative summary of areas of legi pt to influence: ative and administrative action related to real estate investment				
List the	ne City agencies in which the principal seek to influence ad	ministration action:			
🗹 All	□ None □ Listed Below				
or inte	fy the proposed legislative or administrative action in conn ends to make a lobbying communication before December				
1.	Item:				
	a. How will this item affect the principal's business or of	her activity?			
	b. Which industry, trade, profession or segment or porti	on thereof would be principally affected?			
	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, see attachments.				
2.	f lobbying communication relates to the capital or operating budget, identify topic or topics.				
	CAPITAL BUDGET	OPERATING BUDGET			

## 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:<u>01/1</u>0/2018

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:

	Attorney			
Signature	Title			
Jeffrey Vercauteren	01/10/2018			
Type or print name as signed above	Date			
Address & Telephone (if different from first page of this form)				
On Behalf of Principal:				
Signature	Title			
Mike Slavish	01/10/2018			

Date

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

Type or print name as signed above