REGISTRATION OF LOBBYIST

Return to Office of the City Clerk, 210 Martin Luther King, Jr. Blvd., Room 103, Madison, WI 53703-3342 **Section I - Identification of Lobbyist** "Lobbyist" means any person paid to influence administrative or legislative action. Vercauteren Jeffrey Attorney Last Name First Name Title 33 East Main Street, Ste. 300 Mailing Address Madison State City Business Address (if different) (608) 445-9384 Contact Phone jeff.vercauteren@huschblackwell.com Contact E-mail Address Contact Fax Internet Address Person to whom correspondence should be sent (if different from above) Vercauteren Jeffrey Last Name First Name Husch Blackwell Llp Firm or Organization 33 East Main Street, Ste. 300 Mailing Address Madison State City (608) 445-9384 jeff.vercauteren@huschblackwell.com Phone FAX E-mail Address **Section II - Nature and Interest of Principal Brad Mullins** Name of Principal Designated Representative of Principal: Mullins Last Name First Name Title 401 N. Carroll St. Mailing Address Madison 53703 City Zip Code Business Address (if different)

sue@mullinsgroup.com

Contact E-mail Address

Internet Address

(608) 285-8090

Contact Phone

Contact Fax

	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:			
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 Title			

Check one of the following and complete only that section:

Sectio	n III - Areas of Lobbying				
attemp	e a reasonably specific narrative soft to influence: tive and administrative action related		islative and administrative action the principal may t and development.		
List the	e City agencies in which the princi	pal seek to influence ac	Iministration action:		
☑ All	☐ None ☐	Listed Below			
or inte	nds to make a lobbying communic		nection with which the principal has made 31.		
1.	Item:				
	a. How will this item affect the p	rincipal's business or o	ther 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, see attachm	ents.			
2.	If lobbying communication relates to the capital or operating budget, identify topic or topics.				
	CAPITAL BUD	GET	OPERATING BUDGET		
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Section IV - Authorization of Lobbyists	
As a designated representative of the Principal, the Lobb behalf of the Principal.	pyist named above is hereby authorized to lobby on
☐ The lobbyist is an employee of the Principal.	
✓ The lobbyist is also authorized to file expense recommendation.	eports or other filings on behalf of the Principal.
Dated: 01/12/2018	
Name:	
Position:	
Signature:	
Section V - Certification	
	ny knowledge, information and belief, and that I am the registrant or an forfeiture if I know or believe any of the above information not to be true.
	Attorney
Signature	Title
Jeffrey Vercauteren	01/12/2018
Type or print name as signed above	Date
Address & Telephone (if different from first page of this fo	orm)
On Behalf of Principal:	
Signature	Title
Brad Mullins	01/12/2018
Type or print name as signed above	Date
Address & Telephone (if different from first page of this fo	orm)
Address & releptione (ii dilletent from first page of this it	וווו <i>ו</i>