

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.

Varrelmann	Claire	Marketing Director
Last Name	First Name	Title
1001 Wisconsin Place		
Mailing Address		
Madison	WI	53703
City	State	Zip Code

Business Address (if different)

(608) 535-8200

Contact Phone

	cvarrelmann@theedgewater.com
Contact Fax	Contact E-mail Address

www.theedgewater.com

Internet Address

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

Varrelmann	Claire
Last Name	First Name

The Edgewater

Firm or Organization

1001 Wisconsin Place

Mailing Address

Madison	WI	53703
City	State	Zip Code
(608) 535-8200		cvarrelmann@theedgewater.com
Phone	FAX	E-mail Address

Section II - Nature and Interest of Principal

Claire Varrelmann

Name of Principal

Designated Representative of Principal:

Varrelmann	Claire	
Last Name	First Name	Title

1001 Wisconsin Place

Mailing Address

Madison	WI	53703
City	State	Zip Code

Business Address (if different)

(608) 535-8200

Contact Phone

	cvarrelmann@theedgewater.com
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:
Hospitality

☐ 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-employed
The Edgewater
1001 Wisconsin Place
Madison, WI 53703

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:

Dunn	Robert	President and CEO
Last Name	First Name	Title

Section III - Areas of Lobbying

Provide a reasonably specific narrative summary of areas of legislative and administrative action the principal may attempt to influence:

Entertainment License

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

☐ All ☐ None ☒ Listed Below

Common Council

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: Entertainment License

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

Source of revenue

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

Hospitality, Entertainment

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 attachments.

2. If 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: 01/19/2018

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:

Signature	Marketing Director
Claire Varrelmann	01/19/2018
Type or print name as signed above	Date

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

On Behalf of Principal:

Signature	Title
Claire Varrelmann	01/19/2018
Type or print name as signed above	Date

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

List of partners/members (see Section II above):

Claire Varrelmann