REGISTRATION OF LOBBYIST

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

Black	Angela		Attorney	
Last Name	First Name		Title	
33 East Main Street, Suite 3	00			
Mailing Address				
Madison		WI	53703	
City		State	Zip Code	
Business Address (if differer	nt)			
(608) 255-4440				
Contact Phone				
		Ar	gela.Black@HuschBlackwell.com	
Contact Fax		Contact E-mail Address		
Internet Address				
Person to whom corresp	ondence should be sent	(if different	from above)	
Black		•		
Last Name			gela st Name	
Husch Blackwell Llp		1 11		
Firm or Organization				
33 East Main Street, Suite 3	00			
Mailing Address				
Madison		WI	53703	
City		<u>WI</u> State	Zip Code	
(608) 255-4440 Phone			Angela.Black@HuschBlackwell.com	
Phone	FAX		E-mail Address	
Section II - Nature and Ir	nterest of Principal			
Otto Gebhardt lii				
Name of Principal				
Designated Representative	of Principal:			
•				
Gebhardt III Last Name	Otto First Name		Title	
222 North Street			Thic	
Mailing Address				
Madison		WI	53704	
City		State	Zip Code	
Business Address (if differer	nt)			
(608) 245-0770		С	ebharddevelopment@tds.net	
Contact Phone			Contact E-mail Address	
Contact Fax		 Ir	ternet Address	

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				
attempt to in	fluence:	-	s of legislative and administrative action the principal may estment and development.	
	-		ence administration action:	
✓ All	☐ None	Listed Below		
		r administrative action nmunication before De	in connection with which the principal has made cember 31.	
a. He	ow will this item affec	t the principal's busine	ess or other activity?	
b. W	/hich industry, trade,	profession or segment	or portion thereof would be principally affected?	
			the City program or person for which the teamount, if you know the amount.	
For a	dditional items, see a	ttachments.		
2. If lob	bying communicatior	relates to the capital o	or operating budget, identify topic or topics.	
	CAPITAI	_ 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>02/14/2018</u>

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	
Angela Black	02/14/2018	
Type or print name as signed above	Date	
Address & Telephone (if different from first page of this form)		
On Behalf of Principal:		
Signature	Title	

Otto Gebhardt III	02/14/2018
Type or print name as signed above	Date

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