# **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 "Lobbyist" means any pe		ce administr	ative or legislative actio	n.	
Vercauteren	Jeffrey		Attorney		
Last Name	First Name	e	Title		
33 East Main Street					
Mailing Address					
Madison		WI		53703	
City		State		Zip Code	
-					
Business Address (if differer	nt)				
(608) 445-9384					
Contact Phone					
			jeff.vercauteren@huschblac	kwell.com	
Contact Fax			Contact E-mail Address		
Internet Address					
Person to whom corresp	ondence should be s	ent (if differe	nt from above)		
Vercauteren			Jeffrey		
Last Name			First Name		
Husch Blackwell Llp					
Firm or Organization					
33 East Main Street					
Mailing Address					
Madison		WI		53703	
City		<u>WI</u> State		53703 Zip Code	
(608) 445-9384			jeff.vercauteren@hus	schblackwell.com	
Phone	FAX		E-mail Address		
Section II - Nature and Ir	nterest of Principal				
Paul D'arelli					
Name of Principal					
Designated Representative	of Principal <sup>.</sup>				
D'Arelli	Paul				
Last Name	First Nan	ne	Title		
3333 Beverly Road		-			
Mailing Address					
Hoffman Estates		IL		60179	
City		State		Zip Code	
Business Address (if differer	nt)				
(954) 880-1080			pdarelli@seritage.com		
Contact Phone			Contact E-mail Address		
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:** 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

Sectio	on 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?					
	c. If the item is an appropriation, please identify the City appropriation is proposed and the approximate amou						
	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:<u>03/08/2018</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	
Jeffrey Vercauteren	03/08/2018	
Type or print name as signed above	Date	
Address & Telephone (if different from first page of this form)		
On Behalf of Principal:		
Signature	Title	
Paul D'Arelli	03/08/2018	

Date

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

Type or print name as signed above