REGISTRATION OF LOBBYIST

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

Little	Kevin		Vice President	
ast Name	First Name		Title	
7 S. Fairchild Street, 7th F	loor			
Ailing Address				
Vladison		WI	53703	
City		State	Zip Code	
Business Address (if differe	nt)			
(608) 443-1963				
Contact Phone				
		bł	alverson@greatermadisonchamber.com	
Contact Fax		Contact E-mail Address		
greatermadisonchamber.co	m			
nternet Address				
Derson to whom correct	ondence should be see	t (if difforood	from above)	
•	ondence should be sen		,	
Halverson			ett rst Name	
ast Name		ΓI	st name	
Greater Madison Chamber	Of Commerce			
Firm or Organization	lear De Dev 71			
17 S. Fairchild Street, 7th F Mailing Address				
Madison		\\//I	537010071	
City		<u>WI</u> State	<u>537010071</u> Zip Code	
(608) 443-1963			bhalverson@greatermadisonchamber.	
Phone	FAX		E-mail Address	
Section II - Nature and I	nterest of Principal			
Brett Halverson				
Name of Principal				
Designated Representative	of Principal:			
Halverson	Brett			
Last Name	First Name		Title	
17 S. Fairchild Street, 7th F	loor, Po Box 71			
Mailing Address				
Vadison		WI	537010071	
City		State	Zip Code	
Business Address (if differe	nt)			
(608) 443-1963		k	bhalverson@greatermadisonchamber.com	
Contact Phone			Contact E-mail Address	
Contact Fax		ī	nternet Address	

Check one of the following and complete only that section:

Business Entity

Describe the business activity in which the entity is engaged:

□ 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:

Brandon	Zach	President
Last Name	First Name	Title

tic	tion III - Areas of Lobbying				
	vide a reasonably specific narrative summary of areas of legislative and adm mpt to influence:	inistrative action the principal may			
th	the City agencies in which the principal seek to influence administration act	ion:			
۹II	All Done Listed Below				
	tify the proposed legislative or administrative action in connection with which ntends to make a lobbying communication before December 31.	ch the principal has made			
	Item:				
	a. How will this item affect the principal's business or other activity?				
	b. Which industry, trade, profession or segment or portion thereof would	d be principally affected?			
	c. If the item is an appropriation, please identify the City program or per appropriation is proposed and the approximate amount, if you know t				
	For additional items, see attachments.				
	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>03/15/2018</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:

	Vice President	
Signature	Title	
Kevin Little	03/15/2018	
Type or print name as signed above	Date	
Address & Telephone (if different from first page of this form)	
On Behalf of Principal:		
Signature	Title	
Brett Halverson	03/15/2018	
Type or print name as signed above	Date	

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