

# 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.**

Black	Angela	Attorney
Last Name	First Name	Title

222 West Washington Avenue, Suite 705

Mailing Address

Madison	WI	537032745
City	State	Zip Code

Business Address (if different)

(608) 888-1683

Contact Phone

	Angie.Black@carlsonblack.com
Contact Fax	Contact E-mail Address

Internet Address

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

Black	Angela
Last Name	First Name

Carlson Black O'callaghan & Battenberg Llp

Firm or Organization

222 West Washington Avenue, Suite 705

Mailing Address

Madison	WI	537032745
City	State	Zip Code
(608) 888-1683	Angie.Black@carlsonblack.com	
Phone	FAX	E-mail Address

## Section II - Nature and Interest of Principal

James Skloda

Name of Principal

Designated Representative of Principal:

Skloda	James	
Last Name	First Name	Title

One Se Convenience Boulevard

Mailing Address

Ankeny	IA	50021
City	State	Zip Code

Business Address (if different)

(515) 446-6494

Contact Phone

	james.skloda@caseys.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:**  
Gas stations and convenience stores

☐ 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:**

**Describe the business activity in which the individual or the individual's employer is engaged:**

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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:

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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:**

Legislative and administrative action related to real estate investment and development.

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

☒ All ☐ None ☐ Listed Below

**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:

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

2. If lobbying communication relates to the capital or operating budget, identify topic or topics.

#### CAPITAL BUDGET

#### OPERATING BUDGET

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#### 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: 06/04/2018

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	Attorney
Angela Black	Title
Type or print name as signed above	06/04/2018
	Date

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

##### On Behalf of Principal:

Signature	Title
James Skloda	06/04/2018
Type or print name as signed above	Date

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