## **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.

Schaeffer	Carole			Consultant	
Last Name	First Name			Title	
614 W Olin Ave					
Mailing Address					
Madison		WI		53575	
City		State		Zip Code	
Oity		State		Zip Code	
Business Address (if different)					
(608) 212-5869					
Contact Phone					
			cjschaeff@hotma	ail com	
Contact Fax			Contact E-mail A		
Contact i ax			Contact L-mail A	dui e 33	
Internet Address					
Person to whom corresponde	nce should be sen	nt (if differ	ent from above)	)	
Schaeffer			Carole		
Last Name			First Name		
Firm or Organization					
614 W Olin Ave					
Mailing Address					
Madison		WI		53575	
City		State		Zip Code	
(608) 212-5869				@hotmail.com	
Phone	FAX		E-mail Ad	dress	
Section II - Nature and Interes	st of Principal				
Carole J Schaeffer					
Name of Principal					
Designated Representative of Prir	ncipal:				
Houden	Chris				
Last Name	First Name			Title	
6417 Normandy Lane	riiotranio			1180	
Mailing Address					
Madison		WI		53719	
City		State		Zip Code	
City		State		Zip Code	
Business Address (if different)					
(608) 271-8864			chrish@spama	dison.com	
Contact Phone			Contact E-mail	Address	
Contact Fax			Internet Addres	s	

V	Business Entity  Describe the business activity in which the entity is engaged:  Real Estate 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:
	Chris Houden
	Last Name First Name Title

Check one of the following and complete only that section:

Ļ

Section IV - Authorization of Lobbyists				
As a designated representative of the Principal, the Lobb behalf of the Principal.	yist named above is hereby authorized to lobby on			
☐ The lobbyist is an employee of the Principal.				
The lobbyist is also authorized to file expense repaired: 06/11/2018	eports or other filings on behalf of the Principal.			
Name:				
Position:				
Signature:				
Section V - Certification				
authorized designee. I understand that I am subject to a f	ly knowledge, information and belief, and that I am the registrant or an forfeiture if I know or believe any of the above information not to be true			
On Behalf of Lobbyist:	Consultant			
Signature	Consultant  Title			
Carole Schaeffer	06/11/2018			
Type or print name as signed above	Date			
Address & Telephone (if different from first page of this fo	orm)			
On Behalf of Principal:				
Signature	Title			
Chris Houden	06/11/2018			
Type or print name as signed above	Date			
Address & Telephone (if different from first page of this fo	urm)			

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

Chris Houden