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. Vercauteren Jeff Attorney Last Name First Name Title 33 East Main Street Mailing Address Madison State City Business Address (if different) (608) 445-9384 Contact Phone jeff.vercauteren@huschblackwell.com Contact Fax Contact E-mail Address Internet Address Person to whom correspondence should be sent (if different from above) Vercauteren Last Name First Name Firm or Organization 33 East Main Street Mailing Address Madison 53703 Zip Code State City (608) 445-9384 jeff.vercauteren@huschblackwell.com Phone FAX E-mail Address **Section II - Nature and Interest of Principal** James I Stopple Name of Principal Designated Representative of Principal: Stopple James Last Name First Name Title 1202 Regent Street Mailing Address Madison City Zip Code Business Address (if different) (608) 268-4912 jim@madisonproperty.com Contact Phone Contact E-mail Address

Internet Address

Contact Fax

$\overline{\mathbf{V}}$	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
ш	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:
	_ cooling and grown account account and account growning account of games and account and account acco
П	Individual
ш	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 Title

Check one of the following and complete only that section:

Section III - Areas of Lobbying			
	e a reasonably specific narrative summary of areas of to influence:	legislative and administrative action the principal may	
List the ☑ All	© City agencies in which the principal seek to influence ☐ None ☐ Listed Below	e administration action:	
or inter	the proposed legislative or administrative action in conds to make a lobbying communication before Decem		
	a. How will this item affect the principal's business of	or other activity?	
	b. Which industry, trade, profession or segment or p	portion thereof would be principally affected?	
	c. If the item is an appropriation, please identify the appropriation is proposed and the approximate a		
	For additional items, see attachments. If lobbying communication relates to the capital or operation items. CAPITAL BUDGET	perating budget, identify topic or topics. OPERATING BUDGET	

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 reported: 08/07/2018	eports or other filings on behalf of the Principal.			
Name:				
Position:				
Signature:				
Section V - Certification				
	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			
	Attorney			
Signature	Title			
Jeff Vercauteren	08/07/2018			
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			
James Stopple	08/07/2018			
Type or print name as signed above	Date			
Address & Telephone (if different from first page of this fo	orm)			