

# 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.**

MURRAY	MICHAEL	POLICY DIRECTOR
Last Name	First Name	Title
632 Knickerbocker St		
Mailing Address		
Madison	WI	53711
City	State	Zip Code
PO BOX 1726, MADISON, WI 53701		
Business Address (if different)		
(608) 251-0139		
Contact Phone		
		MIKE.MURRAY@WIAWH.ORG
Contact Fax	Contact E-mail Address	
supportwomenshealth.org; wiawh.org		
Internet Address		

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

Last Name	First Name	
Firm or Organization		
Mailing Address		
City	State	Zip Code
Phone	FAX	E-mail Address

## Section II - Nature and Interest of Principal

Sara Finger		
Name of Principal		
Designated Representative of Principal:		
FINGER	SARA	
Last Name	First Name	Title
2013 Roseller Ave		
Mailing Address		
Fitchburg	WI	53711
City	State	Zip Code
Business Address (if different)		
(608) 251-0139		SARA.FINGER@WIAWH.ORG
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:

☐ 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
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### Section III - Areas of Lobbying

Provide a reasonably specific narrative summary of areas of legislative and administrative action the principal may attempt to influence:

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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Paid family and medical leave

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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: 08/17/2018

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	POLICY DIRECTOR
MICHAEL MURRAY	08/17/2018
Type or print name as signed above	Date

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

##### On Behalf of Principal:

Signature	Title
SARA FINGER	08/17/2018
Type or print name as signed above	Date

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