REGISTRATION OF LOBBYIST

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

VILLACREZ	VICTOR			
Last Name	First Name			e
22 W Washington Ave, Ste 350				
lailing Address				
ladison		WI		53703
ty		State		Zip Code
siness Address (if different)				
08) 255-5175				
ontact Phone				
082556196			VVILLACREZ@HOVI	DEPROPERTIES.COM
ontact Fax		Contact E-mail Address		
ernet Address				
erson to whom corresponder	nce should be sent	(if differe	ent from above)	
ast Name			 First Name	
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ction II - Nature and Interes	t of Principal			
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ame of Principal				
esignated Representative of Prin	cipal:			
AVISH	MIKE			
st Name	First Name		T	tle
2 W Washington Ave, Ste 350				
illing Address				
adison		WI		53703
ty		State		Zip Code
siness Address (if different)				
608) 255-5175			MSLAVISH@HOVDEPROPERTIES.COM	
Contact Phone			Contact E-mail Addr	
ontact 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: REAL ESTATE DEVELOPMENT/PROPERTY MANAGEMENT

□ 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:

SLAVISH	MIKE	CEO
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:

Application to amend the Comprehensive Plan, Demolition permit of various structures, Subdivision and rezoning of parcel loca at 6510 Cottage Grove Rd.

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

□ All □ None ☑ Listed Below

Plan Commission, UDC, Common Council, City Engineering, Department of Planning and Development

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? Will permit the sale and development of the subdivided parcels.
 - **b.** Which industry, trade, profession or segment or portion thereof would be principally affected? Housing and retail segments of the economy.
 - 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. None at the time of registration submission.

For additional items, see attachments.

2. If 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:_09/13/2018

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	Title	
VICTOR VILLACREZ	09/13/2018	
Type or print name as signed above	Date	
Address & Telephone (if different from first page of this for	orm)	
On Behalf of Principal:		
Signature	Title	
MIKE SLAVISH	09/13/2018	
Type or print name as signed above	Date	

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