

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.

VAN PELT BENJAMIN GOVERNMENT RELATIONS DIRECTOR
Last Name First Name Title

2850 Dairy Dr, Ste 130

Mailing Address

Madison WI 53718
City State Zip Code

Business Address (if different)

(815) 474-3973

Contact Phone

Contact Fax

BEN.VANPELT@HEART.ORG

Contact E-mail Address

WWW.HEART.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

Benjamin Van Pelt

Name of Principal

Designated Representative of Principal:

VAN PELT BENJAMIN
Last Name First Name Title

2850 Dairy Dr, Ste 130

Mailing Address

Madison WI 53718
City State Zip Code

Business Address (if different)

(815) 474-3973

Contact Phone

6082219233

Contact Fax

BEN.VANPELT@HEART.ORG

Contact E-mail Address

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:

BUILDING HEALTHIER LIVES FREE OF CARDIOVASCULAR DISEASE AND STROKE

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:

HEALTH/CLINICAL/HEALTHCARE

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:

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

Section III - Areas of Lobbying

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

WE ADVOCATE FOR BEST PRACTICE POLICIES AROUND THE AREAS OF CHRONIC DISEASE AND OBESITY PREVENTION. THIS INCLUDES TOBACCO PREVENTION AND CONTROL, HEALTHY EATING AND ACTIVE LIVING.

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: HEALTHY RETAIL ACCESS PROGRAM (HRAP)

a. **How will this item affect the principal's business or other activity?**

WE ARE HOPING TO ADVOCATE FOR BEST PRACTICE CHANGES TO THE PROGRAM TO ENSURE IT IS MOST EFFECTIVELY ACHIEVING ITS STATED GOAL.

b. **Which industry, trade, profession or segment or portion thereof would be principally affected?**

FOOD - RETAIL AND UNDERSERVED NEIGHBORHOODS EXPERIENCING A LACK OF HEALTHY FOOD ACCESS.

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.**

ALREADY AN EXISTING PROGRAM IN THE ECONOMIC DEVELOPMENT DEPT

For additional items, see attachments.

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

CAPITAL BUDGET

OPERATING BUDGET

HRAP (SEE ABOVE)

HRAP (SEE ABOVE)

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	GOVERNMENT RELATIONS DIRECTOR
BENJAMIN VAN PELT	09/13/2018
Type or print name as signed above	Date

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

On Behalf of Principal:

Signature	Title
BENJAMIN VAN PELT	09/13/2018
Type or print name as signed above	Date

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