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. Planner May Gregg First Name Title Last Name 807 E. Johnson Street Mailing Address Madison 53703 Zip Code State City Business Address (if different) (608) 819-6566 Contact Phone gregg@urbanassetsconsulting.com Contact Fax Contact E-mail Address www.urbanassetsconsulting.com Internet Address Person to whom correspondence should be sent (if different from above) May Gregg Last Name First Name Urban Assets, Llc Firm or Organization 807 E. Johnson Street Mailing Address Madison 53703 WI City State Zip Code (608) 819-6566 gregg@urbanassetsconsulting.com FAX E-mail Address Phone **Section II - Nature and Interest of Principal** Amy Schoenemann Name of Principal Designated Representative of Principal: Schoenemann Amy Last Name First Name Title 20875 Crossroads Circle, Ste. 400 Mailing Address Waukesah 53186 Zip Code City State Business Address (if different) (608) 819-6569 aschoenemann@capricommunities.com Contact Phone Contact E-mail Address

Internet Address

Contact Fax

 Business Entity				
Describe the business activity in which the Senior Housing Development	ne entity is engaged:			
\square Is a partnership or limited liability compar	ny. See list of partners/m	nembers at end of form.		
Industry, Trade or Professional As	sociation			
Describe the industry, trade or profession primarily represents:	n including any segmer	nt thereof which the association exc	lusively or	
Other Not for Profit				
 Describe the organization's purpose:				
Describe any other group with a common	purpose the organizat	ion represents:		
Describe any other group with a common	interest the organizati	on represents:		
Describe any other group with a common	interest providing men	mbership to the organization:		
Describe any other group with a common	interest providing fund	ding to the organization:		
Individual Name and address of the individual's emp	loyer, if any, or of the i	ndividual's primary place of busines	ss, if self-employ	
Describe the business activity in which th	ne individual or the indi	ividual'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:				
Schoenemann	Amy	AIA, Real Estate De	velopment Manag	
Last Name	First Name	Title	_	

Check one of the following and complete only that section:

Sectio	on III - Areas of Lobbying	
attem	de a reasonably specific narrative summary of areas of le pt to influence: rincipal will seek City of Madison Staff consultation and Alder	
List th	ne City agencies in which the principal seek to influence a	administration action:
□ AII	☐ None ☑ Listed Below	
Depart Zoning	tment of Planning & Community & Economic Development; g; Madison Common Council; Plan Commission; UDC; Traffic	engineering
	fy the proposed legislative or administrative action in cor or intends to make a lobbying communication before De Item:	
	A. How will this item affect the principal's business or lt will affect the growth of the business.	other activity?
	b. Which industry, trade, profession or segment or po	rtion thereof would be principally affected?
	c. If the item is an appropriation, please identify the C appropriation is proposed and the approximate amo	
2.	For additional items, see attachments. If lobbying communication relates to the capital or open	rating budget, identify topic or topics.
	CAPITAL BUDGET	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 repated: 12/18/2018	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
On Benan of Lossylet.	Planner
Signature	Title
Gregg May	12/18/2018
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
Amy Schoenemann	12/18/2018
Type or print name as signed above	Date
Address & Telephone (if different from first page of this fo	