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.

Spencer	Matthew		Government Affairs Manager
Last Name	First Name		Title
623 Railroad Street			
Mailing Address			
Madison	WI		53703
City	State		Zip Code
Madison Gas & Electric	Otato		2.15 0000
Business Address (if different)			
· · ·			
(608) 252-7962			
Contact Phone			
		mspencer@mge.co	
Contact Fax		Contact E-mail Add	dress
https://www.mge.com/			
Internet Address			
Person to whom correspondence sh	ould be sent (if differ	ent from above)	
Spencer		Matthew	
Last Name		First Name	
Madison Gas & Electric			
Firm or Organization			
623 Railroad Street			
Mailing Address			
Madison	WI		53703
City	State		Zip Code
(608) 252-7962		mspencer@	
Phone FAX		E-mail Addr	ess
Section II - Nature and Interest of P	rincipal		
Matthew S Spencer			
Name of Principal			
Designated Representative of Principal:			
Spencer	Matthew		
Last Name	First Name		Title
623 Railroad Street			
Mailing Address			
Madison	WI		_53703
City	State		Zip Code
Business Address (if different)			
(608) 252-7962		mspencer@mge.	com
Contact Phone		Contact E-mail Ac	
Contact Fax		Internet Address	

V	Business Entity Describe the business activity in which the entity is engaged: Utility Company
	☐ 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:
	Last Name Title

Check one of the following and complete only that section:

Section III - Areas of Lobbying					
	e a reason t to influe		tive summary of areas of le	gislative and administrative action the principal may	
List the	e City agei	ncies in which the _l	principal seek to influence a	dministration action:	
☑ AII	☐ None ☐ Listed Below				
			administrative action in con g communication before Dec	nection with which the principal has cember 31.	
1.	Item:				
	a. How v	vill this item affect	the principal's business or	other activity?	
	b. Which	n industry, trade, pi	rofession or segment or por	tion thereof would be principally affected?	
				ty program or person for which the ount, if you know the amount.	
	For addit	ional items, see att	achments.		
2. If lobbying communication relates to the capital or operating budget, identify topic or		ating 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.	byist named above is hereby authorized to lobby on				
✓ The lobbyist is an employee of the Principal.					
The lobbyist is also authorized to file expense in	reports or other filings on behalf of the Principal.				
Dated: 11/18/2019					
Name:					
Position:					
Signature:					
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Section V - Certification					
	ny 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 Behalf of Lobbyist:					
	Government Affairs Manager				
Signature	Title				
Matthew Spencer	11/18/2019				
Type or print name as signed above	Date				
Address & Telephone (if different from first page of this f	form)				
On Behalf of Principal:					
Signature	Title				
Matthew Spencer	11/18/2019				
Type or print name as signed above	Date				
Address & Telephone (if different from first page of this f	orm)				