Registration of Organization Employing a Lobbyist

Spending Not More Than $500 Annually

For use in **2009-2010**

Return to: Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
voice: (608) 266-8005; fax: (608) 264-9319; e-mail: GABEthics@wisconsin.gov; web: http://gab.wi.gov

SECTION I -- IDENTIFICATION OF ORGANIZATION

Name of registrant

IN-HOUSE CONTACT WITH WHOM THE GOVERNMENT ACCOUNTABILITY BOARD MAY COMMUNICATE ABOUT LOBBYING ISSUES:

Mr/Ms First name Last name Position

Mailing address

City State Zip

Street address (if different)

City State Zip

( ) Phone #1 ( ) Phone #2

( ) Fax E-mail address

Organization internet address

PERSON TO WHOM LOBBYING FORMS AND CORRESPONDENCE SHOULD BE SENT (if different from above)

Mr/Ms First name Last name

Firm or organization name

Mailing address

City State Zip

( ) Phone ( ) Fax E-mail address

SECTION II — NATURE AND INTEREST OF ORGANIZATION

FAILURE TO IDENTIFY THE REAL AND TRUE INTERESTS REPRESENTED MAY RESULT IN IMPRISONMENT AND A FINE UP TO $10,000 (SECTION 946.17, WISCONSIN STATUTES)

Check **ONE** that best describes the registrant and complete only that section:

❑ Business Entity

_____

Describe the business activity in which the entity is engaged

_____

Chief executive officer: _____ _____ _____

First name Last name Title

If a partnership or limited liability company, I have attached a list of partners/members.

❑ Industry, Trade, or Professional Association

_____

Describe the industry, trade, or profession including any segment thereof which the association primarily represents

Chief executive officer: _____ _____ _____

First name Last name Title

Approximate number of members: _____

❑ Other Not for Profit

☐ Governmental ☐ Labor Union Chari☐ble/Religious/Civic/Other Not For Profit

_____

Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents

_____

Describe represented groups with a common interest or where financial support is primarily derived

Approximate number of members: _____

❑ Individual Social Security number** _____- _____- _____

_____

Describe the business activity in which the individual or the individual's employer is engaged

_____

Name and address of the individual's employer, if any, or of the individual's primary place of business, if self-employed

***The board shall refuse to accept a registration statement from an individual who does not provide his or her Social Security number. §13.64(2)* Wisconsin Statutes.

SECTION III — AREAS OF LOBBYING

Provide a reasonably specific narrative summary of areas of state legislation and administrative rules the organization may attempt to influence:

_____

_____

_____

List the state agencies whose rules the organization may attempt to influence:

☐ All ☐ None ☐ Agencies listed below

_____

_____

SECTION IV — IDENTIFICATION OF LOBBYISTS

The following **individuals** are authorized to attempt to influence state legislation or administrative rules on the organization's behalf.

NAME **BUSINESS ADDRESS** **TELEPHONE**

1._____

2._____

3._____

4._____

SECTION V — FEES

Remit $20 registration fee. Make check payable to "Wisconsin Government Accountability Board."

SECTION VI — 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 further certify that this organization does not anticipate exceeding $500 in lobbying expenditures in a calendar year. In the event that the organization's lobbying expenditures exceed $500 in one year, I will advise the Government Accountability Board and register the organization within 10 days of exceeding the threshold.

_____

Signature Title

_____

Type or print name as signed above Date

_____

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

Signed and sworn to before me on _____Signature of notary _____

My commission expires _____

GAB-803 - 12/90; Rev. 1/10