

Registration of Organization Employing a Lobbyist and Authorization of Lobbyists

For use in 2009-2010

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

SECTION I -- IDENTIFICATION OF ORGANIZATION

Name of Organization

Name of in-house person the Government Accountability Board may contact concerning lobbying issues:

Salutation

First name

Last name

Title

Division/Department

Mailing address

City

State

Zip code

Street address (if different)

City

State

Zip code

()
Contact phone #1

()
Contact fax

()
Contact phone #2

Contact e-mail address

Organization website address

Person to whom forms/correspondence should be sent (if different from above)

Salutation

First name

Last name

Firm or organization name

Mailing address

City

State

Zip code

()
Phone #

()
Fax #

E-mail address

SECTION II — NATURE AND INTEREST OF ORGANIZATION

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

**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)**

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

Chief executive officer: _____
First name Last name Title

Approximate number of members: _____

Other Not for Profit

**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)**

Governmental **Labor Union** **Charitable/Religious/Civic/Other Not For Profit**

Describe the organization's purpose.

Describe the industry, trade, profession, or other group with a common interest which the organization primarily represents or from which the organization's membership or 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

SECTION III — AREAS OF LOBBYING

Provide a reasonably specific descriptive narrative of the policy areas your organization may attempt to influence during the legislative session. Do not provide vague and uninformative statement like "all matters affecting the organization."

Your registration authorizes you to lobby before all state agencies unless you check one of the options below:

We will not appear before any state agencies We will only appear before the state agencies listed below:

**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 IV — AUTHORIZATION OF LOBBYISTS

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

Remit \$125 for each authorization.

	please circle one	
1.	In-house or Contract <input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px; width: 100%;"> <p style="text-align: center; margin: 0;">√ as applicable</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-right: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">√ if individual is permitted to sign documents submitted to the Government Accountability Board on the organization's behalf AND provide notice of the matters on which the organization will lobby.</p> </div> <div style="width: 45%; padding: 5px;"> <p style="font-size: small; margin: 0;">√ if individual is permitted to ONLY provide notice of the matters on which the organization will lobby.</p> </div> </div> </div>
2.	In-house or Contract <input type="checkbox"/>	
3.	In-house or Contract <input type="checkbox"/>	
4.	In-house or Contract <input type="checkbox"/>	

SECTION V — AUTHORIZATION OF NON-LOBBYISTS TO SIGN DOCUMENTS

1.	<input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px; width: 100%;"> <p style="text-align: center; margin: 0;">√ as applicable</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-right: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">√ if individual is permitted to sign documents submitted to the Government Accountability Board on the organization's behalf AND provide notice of the matters on which the organization will lobby.</p> </div> <div style="width: 45%; padding: 5px;"> <p style="font-size: small; margin: 0;">√ if individual is permitted to ONLY provide notice of the matters on which the organization will lobby.</p> </div> </div> </div>
2.	<input type="checkbox"/>	
3.	<input type="checkbox"/>	
4.	<input type="checkbox"/>	

SECTION VI — ONLINE REPORTING

The Government Accountability Board will create an online account for your organization to report lobbying-related time and expenditures on the Government Accountability Board's website on a semi-annual basis. Please choose a password and write it in the box below:

You may access your online account at <http://ethics.state.wi.us>

SECTION VII — FEES

Remit \$375 registration fee and \$125 for each lobbyist the organization authorizes to lobby on its behalf. Each lobbyist must have obtained a license to lobby from the Government Accountability Board before the authorization can take effect. Use the "Registration Checklist" form to calculate payments and enclose it with remittance (make check payable to "Wisconsin Government Accountability Board") and original, signed forms. **Lobbying registrations, authorizations and licenses expire on December 31, 2010.**

SECTION VIII — 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 if I know or believe any of the above information not to be true, I may be subject to substantial penalties.

Signature Title

Type or print name as signed above Date

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

For office use only

Date and initials

Statement of Lobbying Fees

2009-2010 Legislative Session

PLEASE RETURN THIS FORM WITH CHECK PAYABLE TO WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD

Return to: Wisconsin Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

All fees established by §13.75 Wisconsin Statutes

Registration of Organization

Name of Organization

= \$ 375

Authorization(s) of Lobbyist(s)

Number of lobbyists you authorized
on enclosed registration form

_____ x \$125 = \$ _____

Lobbyist License(s)

(required if the lobbying organization is paying the licensing fees and the lobbyist is not obtaining a license separately)

 Name(s) of lobbyist(s)

License to lobby for
this organization only

or

License to lobby for
multiple
organizations

@ \$250

@ \$400

\$ _____

@ \$250

@ \$400

\$ _____

@ \$250

@ \$400

\$ _____

@ \$250

@ \$400

\$ _____

FOCUS: your custom lobbying reports (optional)

12 month subscription

\$ 95
(optional)

TOTAL PAYMENT → \$ _____

Licenses and registrations expire December 31, 2010