

1-2009



**City
of
Milwaukee**

City Clerk's Office – License Division
200 E. Wells St., Room 105
Milwaukee, WI 53202
(414) 286-2238
license@milwaukee.gov
Website: www.milwaukee.gov/lobby

PRINCIPAL EXPENSE STATEMENT

Instructions: Complete Lines 1 through 6 of the Principal Expense Statement and any Parts required to be completed pursuant to Line 6. Attach and submit with the expense statement all completed Disclosure of Lobbying Activity forms (ccl-267j), if required. Please be advised that the following are exempt from filing an expense statement: a government department, agency or organization of another political subdivision within the state of Wisconsin, another state, or the federal government.

1. Reporting Period:

- January 1 through June 30, 20⁰⁹. Filing Deadline: July 30.
- July 1 through December 31, 20__. Filing Deadline: January 30.

Expense statement must be filed no more than 30 days after the end of each reporting period. There is an additional fee in the amount of \$25 for the late filing of this statement.

2. Name of Principal: Marquette University

3. Principal's Address:
615 N. 11th Street Milwaukee, WI 53233

4. Principal's Email Address:	5. Principal's Telephone Number:
	(414) 288-7430

6. Indicate whether lobbying expenditures of more or less than \$500 were made in the reporting period and complete the parts and forms indicated.

- Less than \$500. Complete Part III only.
- More than \$500. Complete Parts I through III. Complete and submit with the expense statement a Disclosure of Lobbying Activity form (ccl-267j) for each subject area in which the principal attempted to influence legislative or administrative action.

PART I. Lobbying Expenditures.

\$

7. Enter total amount of lobbying expenditures made and obligations incurred for lobbying activities by the principal and all lobbyists for the principal. Include the following in the total amount entered:

- A. Compensation to persons to engage in lobbying.
- B. Lobbying expenditures made and obligations incurred for paid advertising and any other activities conducted for the purpose of urging members of the general public to attempt to influence legislative or administrative action, if the amount exceeds \$500 during the reporting period.

8. If the amount entered in line 7 includes lobbying expenditures and obligations made or incurred by any one lobbyist for the principal which exceeded \$200 during the reporting period, enter in Table 1 below the name and address of the lobbyist and the total amount of the lobbying expenditures made or obligations incurred.

Table 1.

Enter on a separate sheet of paper any additional disclosures relating to Table 1.

Lobbyist Name	Lobbyist Address	Expenditure Amount
		\$
		\$
		\$
		\$

PART II. Reimbursements.

10. Enter in Table 2 below the name of any city official to whom the principal or any lobbyist for the principal provided reimbursement authorized under s. 303-9-2-a, MCO, and the date and amount reimbursed.

Table 2.

City Official Name	Date of Reimbursement	Amount of Reimbursement
		\$
		\$
		\$
		\$
		\$

Enter on a separate sheet of paper any additional disclosures relating to Table 2.

PART III. Certification.

11. I certify that the above is true and correct to the best of my knowledge, information and belief and that I am the principal or person authorized to sign this statement on behalf of the principal.

Signature: <i>Rana H. Altenburg</i>	Date: 7-22-09
Type or Print Name: Rana H. Altenburg	

Office Use Only:

Initials: _____ Transaction #: _____ Date & Time Stamp:

2009 JUL 24 PM 12:35
 CITY OF MILWAUKEE
 LICENSE DIVISION

CITY OF MILWAUKEE
 LICENSE DIVISION
 3:28 PM JUL 24 2008

_____ Date of this Stamp
 _____ Renewal Date
 _____ Licensee Name

Office Use Only:

Type of Unit (Vehicle, Boat, etc.)	
Description	Plate
Information on part of the business: Information and fees and that the business is located in the city of Milwaukee () or in the county of _____ and subject to the rest of my knowledge	
PART III Certification	

I hereby certify that the information furnished hereon is true and correct to the best of my knowledge.

		Date
		Month
		Year
		Signature
		Name of

PART II Reimbursement
 MCC and the date and amount of the
 payment for the business license reimbursement provided under s. 283.23(2)
 40. Enter in table below the name of any city officer to whom the business or
 other license fee was paid.

		Amount
		Paid
		Date
		Name

I hereby certify that the information furnished hereon is true and correct to the best of my knowledge.

and the date and amount of the payment for the business license reimbursement provided under s. 283.23(2) 40. Enter in table below the name of any city officer to whom the business or other license fee was paid.