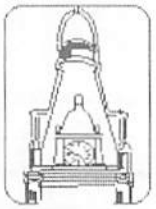
Reset Form

ccl-267

CITY OF MILWAUKEE
LICENSE DIVISION
2017 SEP -7 P 2:03



City of Milwaukee

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

# DISCLOSURE OF LOBBYING ACTIVITY

**Instructions:** Complete a separate Disclosure of Lobbying Activity form for each subject area in which the principal attempted to influence legislative or administrative action during the reporting period. Attach and submit with the Principal Expense Statement (form ccl-267d) all completed Disclosure of Lobbying Activity forms.

**1.** Identify Reporting Period: ☐January 1 through June 30, 20 17 .
☐July 1 through December 31, 20____.

**2.** Enter Name of Principal:
Aurora Health Care

**3**. Enter in Part A a detailed description of the subject area in which the principal attempted to influence legislative or administrative action during the reporting period.

**4.** Enter in Parts B through F information indicating the date and lobbying activity conducted or city official lobbied, time engaged in lobbying, the specific legislative or administrative action related to the subject area identified in Part A that the principal attempted to influence during the reporting period and the amount of resources spent

**A.** Detailed description of subject area:

All matters pertaining to Aurora Health Care's operations and patient care per list attached

| B. Date Activity or Lobbying Occurred | C. Activity Conducted or City Official Lobbied | D. Amount of Time Engaged in Lobbying | E. Identity of Specific Legislative or Administrative Action | F. Resources Spent |
|---|---|---|---|---|
| | | | | |
| | | | | |

Enter on page 2 any additional disclosures for the subject area identified in Part A.

**Office Use Only:**

**Initials:_____Transaction #:_____Date & Time Stamp:**

## CONTINUATION OF DISCLOSURES.

**6.** Enter Name of Principal:

Aurora Health Care

| B. Date Activity or Lobbying Occurred | C. Activity Conducted or City Official Lobbied | D. Amount of Time Engaged in Lobbying | E. Identity of Specific Legislative or Administrative Action | F. Resources Spent |
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Enter on additional pages any additional disclosures for the subject area identified in Part A on page 1.

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# 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-lobby10) 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, 20 17 . 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: Aurora Health Care

**3.** Principal's Address:
750 W. Virginia Street, Milwaukee, WI 53204

| **4.** Principal's Email Address: | **5.** Principal's Telephone Number: |
|---|---|
| tracy.wymelenberg@aurora.org | (414) 299-1658 |

**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-lobby10) for each subject area in which the principal attempted to influence legislative or administrative action.

**PART I. Lobbying Expenditures.** $ $162.33

**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 |
|---|---|---|
| Tracy Wymelenberg | 750 W. Virginia St., Milwaukee, WI 53204 | $ $162.33 |
| | | $ |
| | | $ |
| | | $ |

**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: | Date: 9/5/17 |
|---|---|
| Type or Print Name: Tracy Wymelenberg | |

**Office Use Only:**

Initials:_____Transaction #:_____Date & Time Stamp:

**Tracy Wymelenberg - Aurora Health Care**
**Lobbying - January - June 2017**

| | | Amount of Time | | | |
|---|---|---|---|---|---|
| **Date** | **Whom** | **hours** | **minutes** | **x $54.11** | **Subject** |
| 2/2/17 | Ald. Borkowski | 1 | 0 | 54.11 | West Allis Paramedicine |
| 4/20/17 | Ald. Borkowski | 1 | 0 | 54.11 | Traffic Concerns on Oklahoma |
| 6/15/17 | Ald. Borkowski | 1 | 0 | 54.11 | Follow Up Discussion - Traffic Concerns on Oklahoma |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | **Total Time** | **3 hrs** | **0 min** | **$162.33** | |