

**Disclosure Pursuant to the  
City of Pasadena Taxpayer Protection Act  
Pasadena City Charter, Article XVII**

I. Does the value of this application/project *have the potential* to exceed \$25,000? X Yes No (Applicant *must* mark one)

II. Is the application being made on behalf of a government entity? Yes X No

III. Is the application being made on behalf of a non-profit 501(c) organization? Yes X No  
If yes, please indicate the type of 501(c) organization: 501(c)(3) 501(c)(4) 501(c)(6)

Applicant's name: Baker Tilly US, LLP Date of Application: 3/20/2023

Owner's name: Charles Droege Contact phone number: 513-861-5400  
(for questions regarding this form)

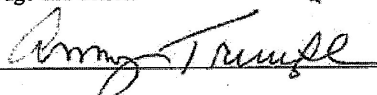
Project Address: 4807 Innovate Lane, Madison, WI 53718

Project Description: management consulting

IV. Applicant and Property Owner must disclose all joint owners, trustees, directors, partners, officers and those with more than a 10% equity, participation or revenue interest in owner and/or project. If any of these are an organization/entity, include the name of the organization/entity **and** the first and last names of all parties of interest of that organization/entity. (List all parties below and use additional sheets as necessary, or provide all parties on an attachment) **Please print legibly.**  
Have any additional sheets or an attachment been provided? Yes X No

Names of Owner(s), Trustees, Directors, Partners, Officers of Owner/Project	Names of Owner(s), Trustees, Directors, Partners, Officers of Owner/Project (continued)	Those with more than a 10% equity, participation or revenue interest in Owner and/or project
Vicki Hellenbrand		
Charles Droege		

I hereby certify that I am the owner or designated agent and that the statements and answers contained herein, and the information attached, are in all respects true, accurate and complete to the best of my knowledge and belief.

Signature of Owner or Designated Agent:  Date: 3/20/2023

**For Office Use Only**

Type of Application: Variance (all types) Adjustment Permit Sign Exception Temporary Use Permit Expressive Use Permit  
Conditional Use Permit (excluding Master Plan) Master Plan Amendment Planned Development Other

Assigned Planner: \_\_\_\_\_ PLN#: \_\_\_\_\_

Attached Address: \_\_\_\_\_ No Attached Address

Appealed: Yes No Appeal PLN# \_\_\_\_\_ Application Withdrawn

Final Decision: Approved Denied Decision Date: \_\_\_\_\_ Decision Maker: \_\_\_\_\_  
(Name and Title, or Name of Commission/Committee)

Votes in favor (please print):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_