

**REGISTRATION OF PRINCIPAL
EMPLOYING A LOBBYIST**

For Use In 2001-2002

Return to Office of the City Clerk, 210 Martin Luther King, Jr. Blvd., Room 103, Madison, WI 53709-0001

Section 1 -- Identification of Principal

"Principal" means any person who employs a lobbyist.

Domestic Abuse Intervention Services

Name of Principal

Name of in-house person the City Clerk's Office may contact regarding lobbying issues:

Wright

Last Name

Kimberlee

First Name

Executive Director

Title

P.O. Box 1761

Mailing Address

Madison

City

WI

State

53701

Zip Code

Business Address (if different)

(608) 251-1237

Contact Phone

(608) 284-2134

Contact FAX

kimw@abuseintervention.org

Contact E-mail Address

Principal's Internet Address

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

Last Name

First Name

Firm or Organization Name

Mailing Address

City

State

Zip Code

Phone

FAX

E-mail Address

Section II -- Nature and Interest of Principal

Check one of the following and complete only that section:

Business Entity

Describe the business activity in which the entity is engaged

Chief Executive Officer:

Last

First

Title

If partnership or limited liability company, check here and attach list of partners/members.

Industry, Trade or Professional Association

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

Chief Executive Officer:

Last

First

Title

Approximate number of members: _____



Other Not for Profit

Governmental

Labor Union

Charitable/Religious/Civic, etc.

Other

To end domestic abuse in Dane County
Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents

Describe any industry, trade, profession, or 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

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

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

Section III -- Areas of Lobbying

Provide a reasonably specific narrative summary of areas of legislative and administrative action the principal may attempt to influence:

Domestic Abuse

Criminal Justice & Law Enforcement

Homelessness/Affordable Housing

Budget

Health Care

Zoning

List the City agencies in which the principal seek to influence administration action:

- All None Agencies listed below

Identify the proposed legislative or administrative action in connection with which the principal has made or intends to make a lobbying communication before December 31.

1. Item: _____

- a. How will this item affect the principal's business or other activity?

- b. Which industry, trade, profession or segment or portion thereof would be principally affected?

- c. If the item is an appropriation, please identify the City program or person for which the appropriation is proposed and the approximate amount, if you know the amount.

For additional items, attach additional sheets.

2. If lobbying communication relates to the capital or operating budget, identify topic or topics.

CAPITAL BUDGET

OPERATING BUDGET

topic
topic
topic
topic
topic
topic

topic
topic
topic
topic
topic
topic

Section IV - Authorization of Lobbyists

The following lobbyists are authorized to represent the principal in proposed legislative or administrative action.

1. Lobbyist's Name: Kimberlee Wright
Mailing Address: P.O. Box 1761 Madison WI 53701
Address City State Zip Code
Phone No.: (608)251-1237
Indicate if: Contract Lobbyists or Employee

2. Lobbyist's Name: Sonja Reschke
Mailing Address: P.O. Box 1761 Madison WI 53701
Address City State Zip Code
Phone No.: (608)251-1237
Indicate if: Contract Lobbyists or Employee

3. Lobbyist's Name: _____
Mailing Address: _____
Address City State Zip Code
Phone No.: _____
Indicate if: Contract Lobbyists or Employee

4. Lobbyist's Name: _____
Mailing Address: _____
Address City State Zip Code
Phone No.: _____
Indicate if: Contract Lobbyists or Employee

Section V - Authorized Signer

1. Name: Sonja Reschke
Position or Relationship to Principal: Director of Services

2. Name: _____
Position or Relationship to Principal: _____

3. Name: _____
Position or Relationship to Principal: _____

4. Name: _____
Position or Relationship to Principal: _____

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 understand that I am subject to a forfeiture if I know or believe any of the above information not to be true.



Sonja Reschke
Signature Title

SONJA RESCHKE July 3, 2001
Type or print name as signed above Date

P.O. Box 1761 Madison, WI 53701
Address & Telephone (if different from first page of this form)

Sonja Reschte, Director of Services
Individuals permitted to sign documents -- Name and position or relationship to the principal of any designee authorized to sign documents submitted to the City Clerk by the organization principal.

Subscribed before me this 5th day of July, 2001.

Kimberlee Wright
Notary

Commission expires: perpetual