

REGISTRATION OF PRINCIPAL
EMPLOYING A LOBBYIST

For Use In 2001-2002

RECEIVED-CITY OF MADISON
CLERK'S OFFICE

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

02 JUN 23 PM 12:30

Section 1 -- Identification of Principal
"Principal" means any person who employs a lobbyist.

INDEPENDENT LIVING, INC.
Name of Principal

Name of in-house person the City Clerk's Office may contact regarding lobbying issues:
GIOVANNONI Rita Executive Director
Last Name First Name Title

815 FORWARD DRIVE
Mailing Address

MADISON WI 53711
City State Zip Code

SAME AS ABOVE
Business Address (if different)

608 274 7900
Contact Phone

608 274 7691 ILLI@MAILBA9.COM
Contact FAX Contact E-mail Address

WWW.INDEPENDLIVING.ORG
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

PROVIDE SUPPORTIVE SERVICES AND HOUSING TO OLDER ADULTS AND ADULTS WITH PHYSICAL DISABILITIES
Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents

N/A
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: *N/A*

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:

FUNDING OF SERVICES AND HOUSING FOR older Adults AND
Adults with physical disabilities

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

- All None Agencies listed below

CDBG, CITY PLANNING + DEVELOPMENT, OFFICE OF COMMUNITY
SERVICES

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

CAPITAL BUDGET	OPERATING BUDGET
topic	<i>CAB 6 FUNDING FOR ^{SERVICE} PROGRAMS</i> topic
topic	<i>COMMUNITY SERVICES ^{SERVICE} FUNDING</i> topic <i>FOR PROGRAMS</i>
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: RITA GIOVANNONI
Mailing Address: 815 FORWARD DRIVE MADISON WI 53711
Address City State Zip Code
Phone No.: 608 274 7900
Contact Lobbyists: _____ or Employee: _____

2. Lobbyist's Name: LISA FURSETH
Mailing Address: 815 FORWARD DR MADISON WI 53711
Address City State Zip Code
Phone No.: 608 274 7900
Contact Lobbyists: _____ or Employee: _____

3. Lobbyist's Name: BRIAN KARLOVICH
Mailing Address: 815 FORWARD DRIVE MADISON, WI 53711
Address City State Zip Code
Phone No.: _____
Contact Lobbyists: _____ or Employee: _____

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

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.

Rita Giovannoni Executive Director
Signature Title

Rita GIOVANNONI 1-22-02
Type or print name as signed above Date

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

Rita GIOVANNONI

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 22nd day of JANUARY, 2002
~~2001~~

Shirley P. Woodbeck
Notary

Commission expires: 09-26-2004

