

**CITY OF MADISON  
Principal's Expense Statement**

**Reporting Period:** January 1, 2003 through March 31, 2003  
 April 1, 2003 through June 30, 2003  
 July 1, 2003 through September 30, 2003  
 October 1, 2003 through December 31, 2003

**Filing Deadline, Indicate Calendar Quarter:**  April 30, 2003  
 July 31, 2003  
 October 31, 2003  
 January 31, 2004

Name of Principal St. Marys Hospital Medical Center

Phone No. 608-258-6730

Address 707 S. Mills St., Madison, WI 53715

Name of Lobbyist None This Filing Quarter

Lobbyist Phone No. NA

Name of Lobbyist \_\_\_\_\_

Lobbyist Phone No. \_\_\_\_\_

I. Total lobbying expenditures and obligations incurred \$ \_\_\_\_\_

Is this amount an estimate under Sec. 2.40 (10) (b) MGO? Yes  No

**Disclosure of Lobbying Communications**

Date	City Official	Number of Contacts	Subject of Each Contact	Lobbyist
	<u>None This Filing Quarter</u>			

See Page 2 to List Additional Disclosures

**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 authorized designee. I understand that if I know or believe any of the above information not to be true, I am subject to a forfeiture of \$1,000.

Signature Matthew R. Rice Title Reg VP, Strategic Development

Type or print name \_\_\_\_\_

Date 7/1/03

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