

REGISTRATION OF PRINCIPAL
EMPLOYING A LOBBYIST

For Use In 2004

Return to Office of the City Clerk, 210 Martin Luther King, Jr. Blvd., Room 103, Madison, WI 53703-3342

RECEIVED-CITY OF MADISON
CLERKS OFFICE

04 SEP -3 PM 1:33

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

ACCESS TO INDEPENDENCE, INC.
Name of Principal

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

BACHUBER MICHAEL Executive Director
Last Name First Name Title

2345 Atwood Av.
Mailing Address

MADISON WI 53704
City State Zip Code

Business Address (if different)

(608) 242-8484
Contact Phone

(608) 242-0383
Contact FAX

Director@AccessToInd.org
Contact E-mail Address

www.accessToInd.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

ACCESS TO INDEPENDENCE, INC. PROVIDES SERVICES TO ASSIST INDIVS WITH DISABILITIES
Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents

INDIVIDUALS WITH DISABILITIES
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: 100

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:

ISSUES OF ACCESSIBILITY AND SERVICES FOR INDIVIDUALS WITH DISABILITIES.

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

- All None Agencies listed below

Office of Mayor

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: Funding for Chore Service - operating Budget
- a. How will this item affect the principal's business or other activity?
courtside can get walks shoveled and other chores done
- b. Which industry, trade, profession or segment or portion thereof would be principally affected?
none
- 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.
INDEPENDENT WALKS INC. ADMINISTERS THE PROGRAM,
APPROXIMATELY \$12,000

For additional items, attach additional sheets.

Section IV - Authorization of Lobbyists

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

- Lobbyist's Name: Mike O'Connor
Mailing Address: 2345 Atwood Av., Madison WI 53704
Address City State Zip Code
Phone No.: (608) 242-8484
Indicate if: Contract Lobbyists or Employee
- Lobbyist's Name: Michael Backlund
Mailing Address: 2345 Atwood Av., Madison WI 53704
Address City State Zip Code
Phone No.: _____
Indicate if: Contract Lobbyists or Employee
- Lobbyist's Name: _____
Mailing Address: _____
Address City State Zip Code
Phone No.: _____
Indicate if: Contract Lobbyists or Employee
- Lobbyist's Name: _____
Mailing Address: _____
Address City State Zip Code
Phone No.: _____
Indicate if: Contract Lobbyists or Employee

Section V - Authorized Signer

- Name: [Signature]
Position or Relationship to Principal: Executive Director
- Name: _____
Position or Relationship to Principal: _____
- Name: _____
Position or Relationship to Principal: _____
- 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.



[Handwritten Signature]
Signature

Executive Director
Title

M. Bachhuber
Type or print name as signed above

8/20/2004
Date

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

Miss BACHHUBER

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 3 day of September, 2004.

[Handwritten Signature]
Notary

Commission expires: 8/5/07

