

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

**Reporting Period:** January 1, 2004 through March 31, 2004  
April 1, 2004 through June 30, 2004  
July 1, 2004 through September 30, 2004  
October 1, 2004 through December 31, 2004

**Filing Deadline, Indicate Calendar Quarter:**  April 30, 2004  
 July 31, 2004  
 October 31, 2004  
 January 31, 2005

Michael Kohn, DVM  
Name of Principal

(608) 255-8891  
Phone No.

1014 Williamson Street, Madison, Wisconsin 53703  
Address

Attorney Michael Christopher  
Name of Lobbyist

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

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

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

I. Total lobbying expenditures and obligations incurred \$ 0.0

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
See additional Pages				

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.

Michael R. Christopher  
Signature

Attorney Michael Christopher  
Type or print name

7/27/04  
Date

Name of Principal: Michael Kohn, DVM