

**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

Name of Principal St. Marys Hospital

Phone No. 608-258-6730

Address 707 S. Mills St.
Madison, WI 53715

contact: Marilyn Beros

Name of Lobbyist Harvey L. Temkin

Lobbyist Phone No. 608-229-2210

Name of Lobbyist _____

Lobbyist Phone No. _____

I. Total lobbying expenditures and obligations incurred \$ 14.9 hrs @ \$290/hr = \$4,321.00

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

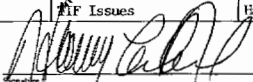
Disclosure of Lobbying Communications

Date	City Official	Number of Contacts	Subject of Each Contact	Lobbyist
7/19/04	City Planning	1 (1.4 hours)	Development Issues	Harvey L. Temkin
7/26/04	City Planning	1 (1.3 hours)	Development Issues	Harvey L. Temkin
8/4/04	City Planning	1 (2.5 hours)	Urban Design	Harvey L. Temkin
8/20/04	City Planning	1 (1.4 hours)	TIF Issues	Harvey L. Temkin

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: , Attorney
 Title: Attorney
 Type or print name: HARVEY L. TEMKIN
 Date: 10/25/04

