

REGISTRATION OF PRINCIPAL  
EMPLOYING A LOBBYIST  
For Use In 2005

RECEIVED-CITY OF MADISON  
CLERKS OFFICE

05 MAY -9 PM 1:25

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

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

WIL-MAR NEIGHBORHOOD CENTER

Name of Principal

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

Last Name: KALLAS      First Name: GARY      Title: EXECUTIVE DIRECTOR

Mailing Address: 953 JENIFER ST

City: MADISON      State: WI      Zip Code: 53703

Business Address (if different)

Contact Phone: (608) 257-4576

Contact FAX: (608) 257-1053      Contact E-mail Address: garyk@wil-mar.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

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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

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Chief Executive Officer: \_\_\_\_\_  
Last First Title

Approximate number of members: \_\_\_\_\_

**Other Not for Profit**

Governmental     Labor Union     Charitable/Religious/Civic, etc.     Other

Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents

*community oriented non profit org. offers various youth adults, senior social service programs*

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: \_\_\_\_\_

**Individual**

Name and address of the individual's employer, if any, or of the individual's primary place of business, if self-employed

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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 FOR SOCIAL SERVICES

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

- All       None       Agencies listed below

OCS  
CDB6

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: 2006 FUNDING FOR SOCIAL SERVICE FUNDING

- a. How will this item affect the principal's business or other activity?

SUPPORT FROM CITY HELPS IMPROVE QUALITY OF LIFE IN COMMUNITY;  
ADSEPT THIS MUCH APPRECIATED SUPPORT, MANY OF OUR COMMUNITY'S MOST  
VULNERABLE PEOPLE WILL BE EVEN MORE RESTABILIZED

- b. Which industry, trade, profession or segment or portion thereof would be principally affected?

LOW TO MODERATE INCOME PRIMARILY;  
WHOLE COMMUNITY SECONDARY

- 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.

CDB6 FUNDING - \$ 137 K  
OCS " - 14 K

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**

topic
topic
topic
topic
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: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address City State Zip Code  
Phone No.: \_\_\_\_\_  
Indicate if:  Contract Lobbyists or  Employee
2. Lobbyist's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address City State Zip Code  
Phone No.: \_\_\_\_\_  
Indicate if:  Contract Lobbyists or  Employee
3. Lobbyist's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address City State Zip Code  
Phone No.: \_\_\_\_\_  
Indicate if:  Contract Lobbyists or  Employee
4. Lobbyist's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address City State Zip Code  
Phone No.: \_\_\_\_\_  
Indicate if:  Contract Lobbyists or  Employee

#### Section V - Authorized Signer

1. Name: \_\_\_\_\_  
Position or Relationship to Principal: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Position or Relationship to Principal: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Position or Relationship to Principal: \_\_\_\_\_
4. 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.

  
Signature \_\_\_\_\_ Title EXECUTIVE DIRECTOR  
GARY KARLAS \_\_\_\_\_ Date May 3, 2005  
Type or print name as signed above \_\_\_\_\_ Date \_\_\_\_\_

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

PAULA GORHAM, BOARD PRESIDENT  
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<sup>rd</sup> day of May, 2005.

Thel Per  
Notary \_\_\_\_\_

Commission expires: 10/16/2005