

# REGISTRATION OF LOBBYIST

For Use In 2006

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

## Section 1 -- Identification of Lobbyist

**"Lobbyist" means any person paid to influence administrative or legislative action.**

Cheryl Batterman  
Last Name

Cheryl  
First Name

Executive Director  
Title

1625 Northport Drive #125  
Mailing Address

Madison  
City

WI  
State

53704  
Zip Code

North/Eastside Senior Coalition  
Business Address (if different)

(608) 243-5252  
Contact Phone

(608) 243-5259  
Contact FAX

cbatterman@nescoinc.org  
Contact E-mail Address

www.nescoinc.org  
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

RECEIVED-CITY OF MADISON  
CLERKS OFFICE

05 DEC 29 PM 12:27





**Other Not for Profit**

Labor Union



Charitable/Religious/Civic, etc.

Other

Enhances the lives of senior adults in the north/eastside of Madison & Dane County

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

We are one of four similar coalitions within Madison with the same mission.

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: 900



**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:

We receive funding from the Office of Community Services; the Senior Citizen Advisory Council is a body from this office; we might also discuss funding with our alderpersons in the north/eastside of Madison.

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

All

None

Agencies listed below

Office of Community Services

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: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_

For additional items, attach additional sheets.

2. If lobbying communication relates to the capital or operating budget, identify topic or topics.

**CAPITAL BUDGET**

\_\_\_\_\_  
topic  
\_\_\_\_\_  
topic  
\_\_\_\_\_  
topic  
\_\_\_\_\_  
topic  
\_\_\_\_\_  
topic  
\_\_\_\_\_  
topic

**OPERATING BUDGET**

Case Management  
topic  
Cultural Diversity  
topic  
Senior Activities  
topic  
\_\_\_\_\_  
topic  
\_\_\_\_\_  
topic  
\_\_\_\_\_  
topic

**Section IV - Authorization of Lobbyists**

As a designated representative of the Principal, the Lobbyist named above is hereby authorized to lobby on behalf of the Principal.

The lobbyist is an employee of the Principal.

The lobbyist is also authorized to file expense reports or other filings on behalf of the Principal.

Dated: \_\_\_\_\_

Name: \_\_\_\_\_


Position: \_\_\_\_\_

Signature: \_\_\_\_\_

**Section V -- 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.

On Behalf of Lobbyist:

	Executive Director
Signature	Title
Cheryl Batterman	12/27/2005
Type or print name as signed above	Date

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

On Behalf of Principal:

Signature	Title
Type or print name as signed above	Date

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