

REGISTRATION OF LOBBYIST

For Use In 2006

RECEIVED CITY OF MADISON
CLERKS OFFICE

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

05 MAR -2 PM 12:47

Section 1 -- Identification of Lobbyist - *unpaid lobbyist*
"Lobbyist" means any person paid to influence administrative or legislative action.

Drobnick Last Name Terian First Name President Title

6400 Gisholt Dr. Mailing Address

Madison WI City WI State 53713 Zip Code

Business Address (if different)

920-980-8538 Contact Phone

920-980-8538 Contact FAX hisc363@aol.com Contact E-mail Address

Internet Address

Person to whom correspondence should be sent (if different from above)

Same Last Name First Name

Firm or Organization Name

Mailing Address

City State Zip Code

Same Phone Same FAX E-mail Address

Section II -- Nature and Interest of Principal

Name of Principal JD Senior Care, Inc. (DBA) Home Instead Senior Care

Designated Representative of Principal:
Last Name Drobnick First Name Teriann Title President/CEO

Mailing Address 6400 Gisholt Dr.

City Madison State WI Zip Code 53713

Business Address (if different) 920-980-8538

Contact Phone 920-980-8538 Contact E-mail Address hisc363@aol.com

Internet Address _____

Check one of the following and complete only that section:

Business Entity
Describe the business activity in which the entity is engaged
We provide non-medical in-home companionship and homemaker services
Chief Executive Officer: Drobnick Teriann President/CEO
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

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

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

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:

Ordinances + procedures affecting
the business + employees

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

All None Agencies listed below

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: Lobbying proposed sick leave ordinance

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

This affects present employees, Senior Citizens
+ the frail elderly

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

In-home Services for Seniors

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

OPERATING BUDGET

topic	topic
topic	topic
topic	topic
topic	topic
topic	topic
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: 2-29-06

Name: Teriann Drobnick

Position: President, CEO

Signature: [Handwritten 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:

Teriann Drobnick President/CEO
Signature Title

Teriann Drobnick 2-29-06
Type or print name as signed above Date

6400 Gisholt Dr. Suite 209
Address & Telephone (if different from first page of this form)

On Behalf of Principal:

Teriann Drobnick President/CEO
Signature Title

Teriann Drobnick President/CEO
Type or print name as signed above Date

6400 Gisholt Dr. Madison, WI 920-980-8538
Address & Telephone (if different from first page of this form)