

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

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CLERK'S OFFICE

06 JAN 30 PM 1:06

Section 1 -- Identification of Lobbyist

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

Hanna Last Name Jodi First Name Supervising Attorney Title

16 N Carroll St., Ste 400 Mailing Address

Madison City WI State 53703 Zip Code

Business Address (if different)

608 267-0214 Contact Phone

608 267-0360 Contact FAX

j.hanna@w-l-a.org Contact E-mail Address

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

Disability Rights Wisconsin (formerly Wisconsin Coalition
Name of Principal

Designated Representative of Principal: Lynn Breedlove, for Advocacy
Hanna Jodi Executive Director Supervising Attorney
Last Name First Name Title

16 N Carroll St., Ste 400
Mailing Address

Madison WI 53704
City State Zip Code

Business Address (if different)

Contact Phone

Contact FAX Contact E-mail Address

www.w-ca.org
Internet Address

Check one of the following and complete only that section:

Business Entity

Describe the business activity in which the entity is engaged

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

Chief Executive Officer: _____
Last First Title

Approximate number of members: _____

**Other Not for Profit** Labor Union Charitable/Religious/Civic, etc. OtherAdvocacy for and with people with disabilities

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: not a membership org.**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:

policies and practices that affect people with disabilities

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

 All ^{may be} 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: People 1st Language Ordinance

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

ensure language change to respect dignity of people with disabilities, no substantive change.

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

none

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.

N/A

For additional items, attach additional sheets.

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

no

CAPITAL BUDGET

OPERATING BUDGET

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: _____

Name: _____

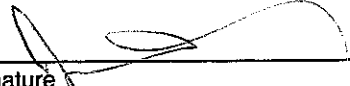
Position: _____

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:

Signature  Title 1/29/06 Supervising Attorney
Type or print name as signed above Jodi L. Hanna Date

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

On Behalf of Principal:

Signature  Title Executive Director
Type or print name as signed above Lynn Breedlove Date 1/27/06

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