

# 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.

Hendrickson Marcia Chief Professional Officer  
Last Name First Name Title

2001 Taft Street  
Mailing Address

Madison  
City

WI  
State

53713  
Zip Code

Business Address (if different)

(608) 257-2606 x11  
Contact Phone

(608) 257-7570  
Contact FAX

mhendrickson@bgede.org  
Contact E-mail Address

www.bgede.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 22 PM 12:39





**Other Not for Profit**

Labor Union

Charitable/Religious/Civic, etc.

Other

Youth Development

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

Youth Services

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: 800 - Youth

**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:

Access to city financial and program support for youth and families.

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: CBDG / OCS

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

funding to support programs & operations

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

all

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.

CBDG \$ 250,000  
DCS \$ 24,000

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**

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:

|                                    |                                   |
|------------------------------------|-----------------------------------|
| <u>Marcia J. Hendrickson</u>       | <u>Chief Professional Officer</u> |
| Signature                          | Title                             |
| <u>Marcia h. Hendrickson</u>       | <u>12/21/05</u>                   |
| Type or print name as signed above | Date                              |

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

On Behalf of Principal:

|                                    |                                   |
|------------------------------------|-----------------------------------|
| <u>Marcia J. Hendrickson</u>       | <u>Chief Professional Officer</u> |
| Signature                          | Title                             |
| <u>Marcia h. Hendrickson</u>       | <u>12/21/05</u>                   |
| Type or print name as signed above | Date                              |

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