

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.

Karofsky Last Name Judy First Name Housing Program Director Title

121 South Pinckney Street, Suite 200
Mailing Address

Madison City WI State 53703 Zip Code

Business Address (if different)

(608) 258-5560
Contact Phone

(608) 258-5565 Contact FAX judykarofsky@wphd.org Contact E-mail Address

www.wphd.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

06 JAN 31 PM 12:32

Other Not for Profit

Labor Union

Charitable/Religious/Civic, etc.

Other

Expanding access to affordable housing opportunities

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

low and moderate-income households, U.S. Department of Housing & Urban Development

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: None

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:

Assistance or approval of residential housing development of over 10 dwelling units

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: Assistance/approval of Twin Oaks residential housing development

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

Principal's business is to increase supply of and access to affordable housing - one way is by development the units itself.

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

Housing industry - developers, planners, engineers, architects, builders

- 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.

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: _____

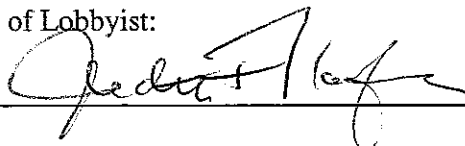
Position: _____

Signature: _____

Section V -- Certification

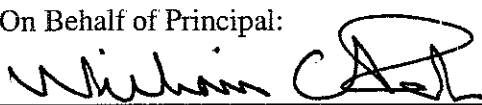
I certify that the above is true and correct to the best of my knowledge, information and belief, and that I am the registrant or an authorized designee. I understand that I am subject to a forfeiture if I know or believe any of the above information not to be true.

On Behalf of Lobbyist:


Signature _____ Title Housing Program Director
_____ Date 1/19/06
Judy Karofsky
Type or print name as signed above _____

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

On Behalf of Principal:


Signature _____ Title Executive Director
_____ Date 1/25/06
William C. Perkins
Type or print name as signed above _____

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