

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.

<u>Stroede</u> Last Name	<u>Kari</u> First Name	<u>Satellite Director</u> Title
<u>2096 Red Arrow Trail</u> Mailing Address		
<u>Madison</u> City	<u>WI</u> State	<u>53711</u> Zip Code
<u>same</u>		
<u>Business Address (if different)</u>		
<u>608-275-6740</u> Contact Phone		
<u>608-275-6756</u> Contact FAX	<u>kari.stroede@dpcinc.org</u> Contact E-mail Address	
<u>www.satellitefcc.com</u> Internet Address		

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

<u>Huemoeller</u> Last Name	<u>Marcia</u> First Name	
<u>Dane County Parent Council, Inc.</u> Firm or Organization Name		
<u>2096 Red Arrow Trail</u> Mailing Address		
<u>Madison</u> City	<u>WI</u> State	<u>53711</u> Zip Code
<u>608-275-6740</u> Phone	<u>608-275-6756</u> FAX	<u>marcia.huemoeller@dpcinc.org</u> E-mail Address

RECEIVED-CITY OF MADISON
CLERKS OFFICE
06 JAN - 3 PM 12:38

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 Private non-profit umbrella organization, providing a variety of early childhood and family support programming.

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:

Respond to questions about agency programming funded through Office of Community Services.

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

All None Agencies listed below

City of Madison 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: None

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

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: 12/29/05

Name: Marcia Huemoeller

Position: Executive Director

Signature: *Marcia Huemoeller*

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:

Kari Stroede Satellite Director
Signature Title

Kari Stroede 12/29/05
Type or print name as signed above Date

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

On Behalf of Principal:

Marcia Huemoeller Executive Director
Signature Title

Marcia Huemoeller 12/29/05
Type or print name as signed above Date

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