

**CITY OF MADISON
Principal's Expense Statement**

Reporting Period: January 1, 2007 through June 30, 2007
July 1, 2007 through December 31, 2007

Filing Deadline, Indicate Half-Year:

July 31, 2007
 January 31, 2008

St. Marys Hospital

Name of Principal

608-258-5082

Phone No.

707 South Mills Street, Madison, WI 53703

Address

John Lichtenheld

Name of Lobbyist

608-255-0800

Lobbyist Phone No.

Name of Lobbyist

Lobbyist Phone No

I Total lobbying expenditures and obligations incurred **\$ 580.00**

Is this amount an estimate under Sec 2 40 (10) (b) MGO? Yes No


Disclosure of Lobbying Communications

Date	City Official	Number of Contacts	Subject of Each Contact	Lobbyist
1/4/07	Larry Nelson	1	Encroachment	John Lichtenheld
1/17/07	Public Works meeting	1	Stormwater	John Lichtenheld

See Page 2 to List Additional Disclosures

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 authorized designee. I understand that if I know or believe any of the above information not to be true, I am subject to a forfeiture of \$1,000 or more


Signature _____ Title Principal

John Lichtenheld
Type or print name _____

July 18, 2007
Date _____