



**Section II -- Nature and Interest of Principal**

Wisconsin Partnership for Housing Development, Inc.  
Name of Principal

Designated Representative of Principal:

Kratz Lisa CFO/Director of Operations  
Last Name First Name Title

121 S. Pinckney Street, Suite 200  
Mailing Address

Madison WI 53703  
City State Zip Code

Business Address (if different)

608-258-5560  
Contact Phone

608-258-5565 lisakratz@wphd.org  
Contact FAX Contact E-mail Address

www.wphd.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.

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. Dept. of Housing and 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 developing the units.

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: \_\_\_\_\_

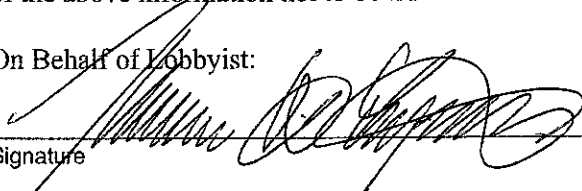
Position: \_\_\_\_\_

Signature: \_\_\_\_\_

**Section V – Certification**

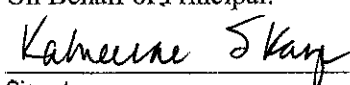
I certify that the above is true and correct to the best of my knowledge, information and belief, and that I am the registrant or an authorized designee. I understand that I am subject to a forfeiture if I know or believe any of the above information not to be true.

On Behalf of Lobbyist:

  
Signature \_\_\_\_\_ Title Project Manager  
Theodore Lipscomb \_\_\_\_\_ JANUARY 25, 2007  
Type or print name as signed above Date

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

On Behalf of Principal:

  
Signature \_\_\_\_\_ Title Deputy Director  
Katherine Kamp \_\_\_\_\_  
Type or print name as signed above Date

121 S. Pinckney Street, Suite 200 Madison, WI 53703 608-258-5560  
Address & Telephone (if different from first page of this form)