

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

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

Filing Deadline, Indicate Half-Year:

July 31
 January 31

Dane County Parent Council, Inc.

Name of Principal

608-275-6740

Phone No.

2096 Red Arrow Trail Madison, WI 53711

Address

Kari Stroede

608-270-3439

Lobbyist Phone No.

Name of Lobbyist

Name of Lobbyist

Lobbyist Phone No.

Total lobbying expenditures and obligations did not exceed \$1,000. (If so, proceed directly to Certification.)

Total lobbying expenditures and obligations incurred exceeded \$1,000. \$ _____

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

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.

Kari Stroede
Signature

Satellite Director
Title

Kari Stroede
Type or print name

1-31-2008
Date