

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

Independent Living, Inc.
Name of Principal

608/274-7900
Phone No.

815 Forward Dr. Madison, WI 53711
Address

Rita Giovannoni, Joyce Behrend, Julianne Dwyer
Name of Lobbyist

Lobbyist Phone No.

Patricia Eldred, Marilyn Lawler, William Sterud
Name of Lobbyist

same as above
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

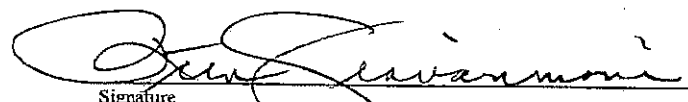
Disclosure of Lobbying Communications

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.

 Signature CEO Title
Rita Giovannoni
Type or print name
1/20/09
Date

REGISTRATION OF LOBBYIST

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.

Eldred Last Name Patricia First Name Dir. of Development and Communications Title

815 Forward Dr. Mailing Address

Madison City WI State 53711 Zip Code

Business Address (if different)

608/274-7900 Contact Phone

608/274-9181 Contact FAX Contact E-mail Address

www.independliving.com 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

Section II -- Nature and Interest of Principal

Independent Living, Inc.
Name of Principal

Designated Representative of Principal:

Giovannoni Last Name Rita First Name CEO Title

815 Forward Dr. Mailing Address

Madison City WI State 53711 Zip Code

Business Address (if different)

608/274-7900 Contact Phone jdwyer@independliving.com Contact E-mail Address

608/274-9181 Contact FAX www.independliving.com 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

To provide services and housing to older and disabled adults
Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents

N/A
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: N/A

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:

Funding of services and housing for older and disabled adults

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

All None Agencies listed below

City Planning & Development, CDBG, Community Resources

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: N/A

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

topic

topic

topic

topic

topic

topic

OPERATING BUDGET

CDBG funding for services programs
topic
Community Resources funding for
topic
service programs

topic

topic

topic

topic

Section IV - Authorization of Lobbyists

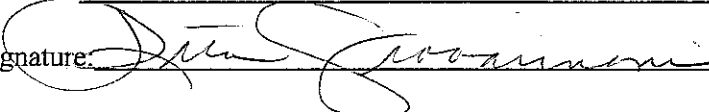
As a designated representative of the Principal, the Lobbyist named above is hereby authorized to lobby on behalf of the Principal.

- 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: 1/15/08

Name: Rita Giovannoni

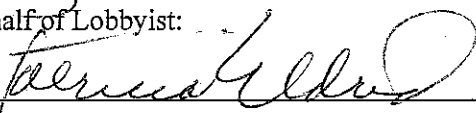
Position: CEO

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

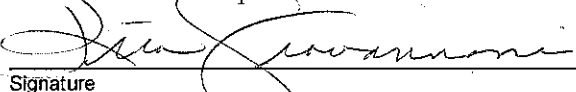
Dir. of Development and Communications
Title

Patricia Eldred
Type or print name as signed above

1/18/08
Date

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

On Behalf of Principal:


Signature

CEO
Title

Rita Giovannoni
Type or print name as signed above

1/15/08
Date

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