

**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

Name of Principal: Community Action Coalition for S.C.W.I, Inc Phone No. 608-246-4730

Address: 1717 N Stoughton Rd Madison, WI 53704

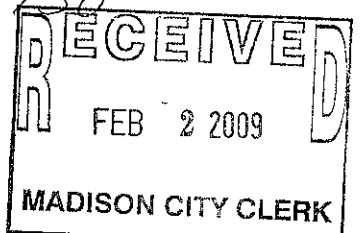
Name of Lobbyist: Nichelle Nichols Lobbyist Phone No. 246-4730 X216

Name of Lobbyist: Anna Lightbourn Lobbyist Phone No. 246-4730 X213

Name of Lobbyist: Dave Hunt Lobbyist Phone No. 246-4730

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
July 7, 2008	CDBG Commission	1	housing counseling	Anna Lightbourn
"	"	1	"	Nichelle Nichols
Aug 18, 2008	Public Hearing	1	2009 Budget	Dave Hunt

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: Greta Hansen Title: Executive Director
 Type or print name: Greta C Hansen
 Date: 1-29-09

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.

Hunt Last Name David First Name Coord. of Case Mgt Title

1717 N. Staughton Rd Mailing Address

Madison City WI State 53704-2605 Zip Code

Business Address (if different)

608-246-4730 x214 Contact Phone

608-246-4760 Contact FAX daveh@cacscw.org Contact E-mail Address

www.cacscw.org Internet Address

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

Hansen Last Name Greta First Name

Community Action Coalition for S.C. WI, Inc. Firm or Organization Name

1717 N Staughton Rd Mailing Address

Madison City WI State 53704-2605 Zip Code

608/246-4730 x217 Phone 246-4760 FAX ghansen@cacscw.org E-mail Address

Section II -- Nature and Interest of Principal

Community Action Coalition for South Central WI, Inc. Name of Principal

Designated Representative of Principal:

Hansen Last Name Greta First Name Executive Director Title

1717 N Staughton Rd Mailing Address

Madison City WI State 53704-2605 Zip Code

Business Address (if different)

(608) 246-4730 x217 Contact Phone ghansen@cacscw.org Contact E-mail Address

(608) 246-4760 Contact FAX www.cacscw.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

Anti-Poverty Community Action Agency
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:

Any administrative or legislative action that could positively (or negatively) affect low-income people

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

All None Agencies listed below

CDBG, OCS, COMMON COUNCIL, MAYOR'S OFFICE,
VARIOUS CITY BOARDS, COMMISSIONS & COMMITTEES

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: Decisions on policy, funding, and/or programming
 a. How will this item affect the principal's business or other activity? that affects CAC
increase, maintain or decrease or supporting orgs
agency and/or community capacity on issues like
gardens,
 b. Which industry, trade, profession or segment or portion thereof would be principally affected?
Depends on issue
 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

MAJOR EQUIPMENT
topic
BLDG ACQUISITION/REHAB
topic

topic

topic

topic

topic

OPERATING BUDGET

COMMUNITY GARDENS
topic
HOUSING ASSISTANCE
topic
ASSET MGT
topic
FOOD SECURITY/PROCUREMENT/
DISTRIBUTION
topic
FINANCIAL LITERACY
topic

Section IV - Authorization of Lobbyists

As a designated representative of the Principal, the Lobbyist^{are} named above ~~is~~ hereby authorized to lobby on behalf of the Principal.

The lobbyist^{are} ~~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:

Greta C. Hansen Executive Director
Signature Title

Greta C. Hansen 7-31-08
Type or print name as signed above Date

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

On Behalf of Principal:

Emily Curtis 7-31-08
Signature Title

Emily Curtis 7-31-08
Type or print name as signed above Date

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