

**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

~~Alyssa Kenney~~ Kennedy Heights Neighborhood Assoc.
Name of Principal

244-0767
Phone No.

199 Kennedy Heights
Address

Alyssa Kenney
Name of Lobbyist

244-0767
Lobbyist Phone No.

Name of Lobbyist

Lobbyist Phone No.
JAN 16 2009
MADISON, WI

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.

Alyssa Kenney
Signature
Alyssa Kenney
Type or print name
1/14/09
Date
Executive Director
Title

2/12/08

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.

Kennedy Last Name Alyssa First Name Executive Director Title

199 Kennedy Heights Mailing Address

Madison City WI State 53704 Zip Code

Business Address (if different)

608-244-0767 Contact Phone

608-661-9190 Contact FAX Kennedy Heights Community Center@yahoo.com Contact E-mail Address

www.khcommunitycenter.org Internet Address

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

N/A 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

Kennedy Heights Neighborhood Association Name of Principal

Designated Representative of Principal:

Kennedy Last Name Alyssa First Name Executive Director Title

199 Kennedy Heights Mailing Address

Madison City WI State 53704 Zip Code

N/A Business Address (if different)

608-244-0767 Contact Phone

608-661-9190 Contact FAX ackennedy@yahoo.com Contact E-mail Address

www.khcommunitycenter.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

Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents
Human service, community building, prevention programming

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: _____

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:

Community Services Commission
COB6
City Budget process

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

- All
- None
- Agencies listed below

OCS, CDBG, Mayor Office

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: 2009 - 2010 Operating Budget

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

OPERATING BUDGET

topic
topic
topic
topic
topic
topic

<u>OCS budget</u>
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: _____

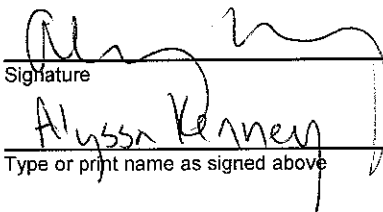
Position: _____

Signature: _____

Section V -- Certification

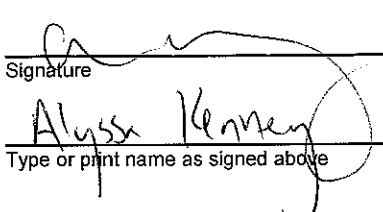
I certify that the above is true and correct to the best of my knowledge, information and belief, and that I am the registrant or an authorized designee. I understand that I am subject to a forfeiture if I know or believe any of the above information not to be true.

On Behalf of Lobbyist:

Signature:  Title: Executive Director
Type or print name as signed above: Alyssa Kenney Date: 2/12/08

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

On Behalf of Principal:

Signature:  Title: Executive Director
Type or print name as signed above: Alyssa Kenney Date: 2/12/08

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