

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
Goodwill Industries of SC Wisconsin, Inc

Phone No.
608 246 3140

Address
1302 Mandota Street

Address
Madison, WI 53714

Name of Lobbyist
None

Lobbyist Phone No.

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.

Barbara Leslie President & CEO

Signature
Barbara Leslie
Type or print name

Date
1/16/09



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.

Leslie Barbara President & CEO
Last Name First Name Title

Goodwill Industries
Mailing Address

1302 Mendota Street WI 53714
City State Zip Code

City State Zip Code

Business Address (if different)

608-246-3140, ext 123

Contact Phone

608-246-1985

bleslie@goodwillscwi.org
Contact E-mail Address

Contact FAX

goodwillscwi.org
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

Goodwill Industries of SC Wisconsin, Inc.
Name of Principal

Designated Representative of Principal:

Leslie Barbara President & CEO
Last Name First Name Title

Goodwill Industries of SC Wisconsin, Inc
Mailing Address

1302 Mendota Street WI 53714
City State Zip Code

City State Zip Code

Business Address (if different)

608-246-3140, ext 123

Contact Phone

608-246-1984

bleslie@goodwillscwi.org
Contact E-mail Address

Contact FAX

goodwillscwi.org
Internet Address

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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

Mission: Assist people with disabilities and other special needs
Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents

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:

Goodwill submitted a LOI for surplus property at the Truman Olson Army Reserve for the purpose of building permanent housing for homeless chronically mentally ill adults.

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

- All
- None
- Agencies listed below

CDA (at this time)

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.

See comment on bottom of previous page

1. Item: _____

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

_____ 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 _____

Type or print name as signed above _____ Date _____

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

On Behalf of Principal:

Barbara Leslie _____ *President & CEO* _____
Signature _____ Title _____

Barbara Leslie _____ *1-30-08* _____
Type or print name as signed above _____ Date _____

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