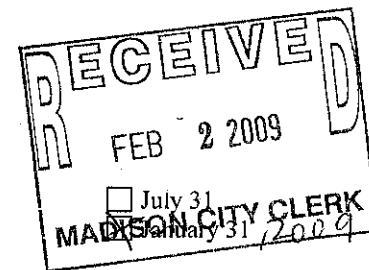


**CITY OF MADISON  
Principal's Expense Statement**



Reporting Period: January 1 through June 30  
July 1 through December 31, 2008

Filing Deadline, Indicate Half-Year:

Tenant Resource Center  
Name of Principal

608 257 0143  
Phone No.

1202 William Street Suite A Madison WI 53703  
Address

Megin McDonell  
Name of Lobbyist

608 257-0143  
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.

Megin McDonell Program Director  
Signature Title  
Megin H. McDonell  
Type or print name  
1/30/09  
Date

**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

Tenant Resource Center

Name of Principal

608-257-0143

Phone No.

1202 Williamson St. Suite A, Madison WI 53703

Address

Megin McDonell

Name of Lobbyist

same

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. \$ 0

Is this amount an estimate under Sec. 2.40 (10) (b) MGO? Yes  No

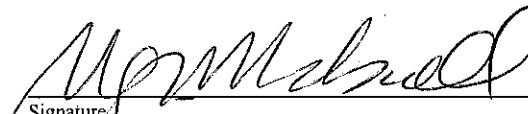
**Disclosure of Lobbying Communications**

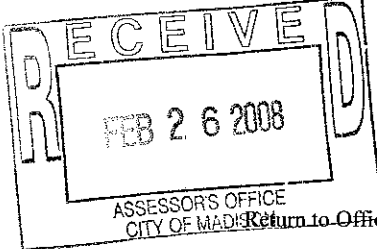
Date	City Official	Number of Contacts	Subject of Each Contact	Lobbyist

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**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 \_\_\_\_\_ Title Program Director  
Megin McDonell  
Type or print name \_\_\_\_\_  
7/31/08  
Date \_\_\_\_\_



# REGISTRATION OF LOBBYIST

ASSESSOR'S OFFICE  
CITY OF MADISON

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.

McDonell Last Name      Megin First Name      Program Director Title

1202 Williamson Street, Suite A Mailing Address

Madison City      WI State      53703 Zip Code

Same Business Address (if different)

608-257-0143 Contact Phone

608-286-0804 Contact FAX      mmcdonell@tenantresourcecenter.org Contact E-mail Address

http://www.tenantresourcecenter.org/ Internet Address

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

SAME 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

Tenant Resource Center Inc. (TRC) Name of Principal

Designated Representative of Principal:

McDonell Last Name      Megin First Name      Program Director Title

1202 Williamson Street, Suite A Mailing Address

Madison City      WI State      53703 Zip Code

Same Business Address (if different)

608-257-0143 Contact Phone      mmcdonell@tenantresourcecenter.org Contact E-mail Address

608-286-0804 Contact FAX      http://www.tenantresourcecenter.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

*Nonprofit membership org that provides info/referral and housing services on rental housing related matters*  
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: 30

**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:

*- City Budget - specifically CDBO and OCS funding for TRC - every two years*  
*- common council budget deliberations - annually*

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

- All
- None
- Agencies listed below

Community Development Block Grant (commission)  
Office of Community Services (Commission)

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: CDBG and OCS summer process, city budget

a. How will this item affect the principal's business or other activity?

Funding for TRC services determines the agency's annual budget and program activities

b. Which industry, trade, profession or segment or portion thereof would be principally affected?

not applicable

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.

~~not applicable~~ TRC funding as described above

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**

<u>TRC funding</u>
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: February 22, 2008

Name: Megin McDonell

Position: Program Director

Signature: Megin McDonell

**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:

Megin McDonell Signature Title Program Director

Megin McDonell Type or print name as signed above Date 2/22/08

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

On Behalf of Principal:

Megin McDonell Signature Title Program Director

Megin McDonell Type or print name as signed above Date 2/22/08

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