

### 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

Dane County Parent Council, Inc & Satellite Family Child Care  
Name of Principal

608/275-6740  
Phone No.

2096 Red Arrow Trail Madison, WI 53711  
Address

Kari Stroede  
Name of Lobbyist

608/276-3439  
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
10/22/08	Early Care & Education Board	1	Attended Meeting	Kari Stroede
11/19/08	Early Care & Education Board	1	Attended Meeting	Kari Stroede

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.

Kari Stroede Signature Satellite Director Title

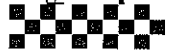
Kari Stroede  
Type or print name

1-14-09  
Date

Jan. 14 2009 01:40PM P1

PHONE NO. : 608 233 4906

FROM : SATELLITE FAMILY CHILD CARE



**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

Dane County Parent Council, Inc & Satellite Family Child Care  
Name of Principal

608/275-6740  
Phone No.

2096 Red Arrow Trail Madison, WI 53711  
Address

Kari Stroede  
Name of Lobbyist

608/270-3439  
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
7-16-08	Early Childhood Care + Education Board	1	Public commentary at Board Meeting	Kari Stroede
7-23-08	Early Childhood Care + Education Board	1	Public Hearing on OCS Funding	Kari Stroede

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.

Kari Stroede Satellite Director  
Signature Title

Kari Stroede  
Type or print name

7-23-08  
Date



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  
Private non-profit umbrella corporation, providing a variety of early childhood and family support programming.

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:

Respond to questions about agency programming funded through the Office of Community Services.

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

- All       None       Agencies listed below

City of Madison Office of Community Services

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: None

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  
\_\_\_\_\_  
topic

**Section IV - Authorization of Lobbyists**

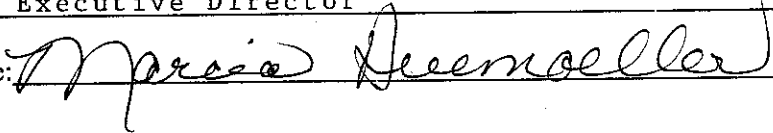
As a designated representative of the Principal, the Lobbyist named above is hereby authorized to lobby on behalf of the Principal.

- 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 8, 2008

Name: Marcia Huemoeller


Position: Executive Director

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

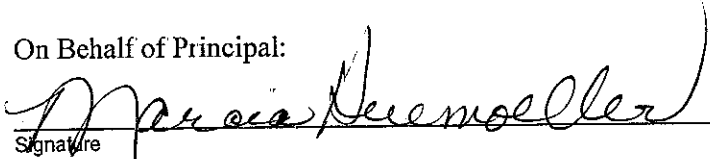
On Behalf of Lobbyist:

 Satellite Director  
Signature Title

Kari Stroede 2/8/2008  
Type or print name as signed above Date

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

On Behalf of Principal:

 Executive Director  
Signature Title

Marcia Huemoeller 2/8/2008  
Type or print name as signed above Date

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