

### 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.

Last Name Lawler First Name Marilynn Title Dir. Community Relations

Mailing Address 815 Forward Dr.

City Madison State WI Zip Code 53711

Business Address (if different) \_\_\_\_\_

Contact Phone 608/274-7900

Contact FAX 608/274-9181

Contact E-mail Address \_\_\_\_\_

Internet Address www.independentliving.com

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

Last Name Dwyer First Name Julianne

Firm or Organization Name Independent Living Inc.

Mailing Address same as above

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail Address jdwyer@independentliving.com

#### Section II -- Nature and Interest of Principal

Name of Principal Independent Living, Inc.

Designated Representative of Principal:

Last Name Giovannoni First Name Rita Title CEO

Mailing Address 815 Forward Dr.

City Madison State WI Zip Code 53711

Business Address (if different) \_\_\_\_\_

Contact Phone 608/274-7900

Contact E-mail Address jdwyer@independentliving.com

Contact FAX 608/274-9181

Internet Address www.independentliving.com

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

*To provide services and housing to older and disabled adults*  
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:

*Funding of services and housing for older and disabled adults*

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

- All
- None
- Agencies listed below

Planning and Community and Economic Development, CDBG,  
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: N/A

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	<u>CDBG funding for service programs</u> topic
topic	topic
topic	topic
topic	topic
topic	topic
topic	topic

**Section IV - Authorization of Lobbyists**

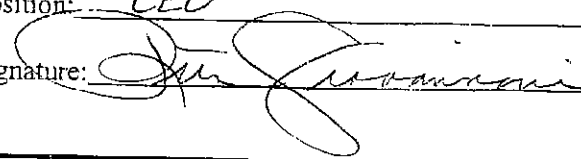
As a designated representative of the Principal, the Lobbyist named above is hereby authorized to lobby on behalf of the Principal.

- 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: 1/23/09

Name: Rita Giovannoni

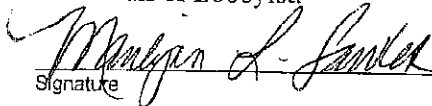
Position: CEO

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:


Director - Community Relations  
Signature Title

Marilyn Lawler 1/22/09  
Type or print name as signed above Date

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

On Behalf of Principal:


CEO  
Signature Title

Rita Giovannoni 1/23/09  
Type or print name as signed above Date

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