



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: MICHAEL CARLSON
Address: 226 OAK ST., MADISON, WIS 53704

Phone No. 608-257-8037

Name of Lobbyist: MICHAEL CARLSON
Lobbyist Phone No. 608-280-0151

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.

Signature: [Signature]
Title: Executive Director

Type or print name: MICHAEL CARLSON

Date: 1/4/2011