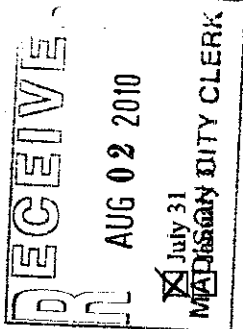


**CITY OF MADISON
Principal's Expense Statement**

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

Filing Deadline, Indicate Half-Year:



Independent Living, Inc.

Name of Principal

815 Forward Dr. Madison, WI 53711

Address

608/274-7900

Phone No.

Name of Lobbyist

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

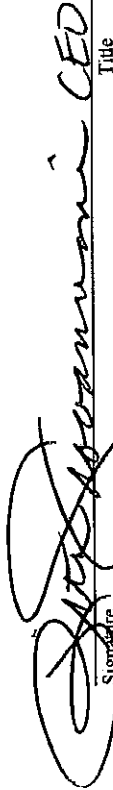
Disclosure of Lobbying Communications

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.



Signature

Rita Giovannoni

Type or print name

Title

7/30/10

Date