

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 Drive

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: jdwyer@independliving.com

Internet Address: www.independliving.com

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

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

Name of Principal: Independent Living, Inc.

Designated Representative of Principal:

Last Name: Giovannoni First Name: Rita Title: CEO

Mailing Address: 815 Forward Drive

City: Madison State: WI Zip Code: 53711

Business Address (if different)

Contact Phone: 608/274-7900

Contact E-mail Address: jdwyer@independliving.com

Contact FAX: 608/274-9181

Internet Address: www.independliving.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 & 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: 1/29/10

Name: Rita Giovannoni

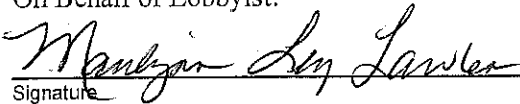
Position: CEO

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:


Signature

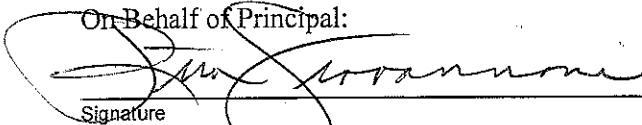
Director Community Relations
Title

Marilynn Ley Lawler
Type or print name as signed above

1/26/10
Date

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

On Behalf of Principal:


Signature

CEO
Title

Rita Giovannoni
Type or print name as signed above

1/29/10
Date

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