

**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

Madison Community Health Center, Inc.

Name of Principal  
2901 West Beltline Highway, Suite 120, Madison, WI 53713

608-238-9407  
Phone No.

Address.

Harvey L. Temkin

608-229-2210

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. \$6.5 x \$215 = \$1,397.50

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
7/17/09	Don Marx	1 (1.5 hrs)	Term Sheet	Harvey L. Temkin
7/21/09	Don Marx	1 (1.0 hrs)	Villager Site	Harvey L. Temkin
7/23/09	CDA Meeting	CDA (2.0 hrs)	Development	Harvey L. Temkin
7/30/09	Don Marx	2 (1.0 hrs)	Development	Harvey L. Temkin
9/4/09	Greg Shimanski	1 (1.0 hrs)	CDA & Parking	Harvey L. Temkin

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

Harvey L. Temkin

Type or print name

Attorney  
Title

1/28/10

Date