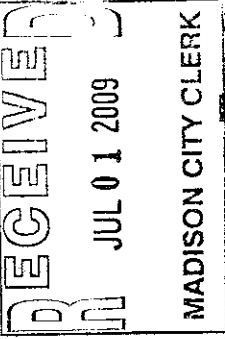


**CITY OF MADISON  
Principal's Expense Statement**

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

**Filing Deadline. Indicate Half-Year:**  July 31  
 January 31



Name of Principal: MERITEL HEALTH SERVICES  
 Address: 202 SOUTH PARK STREET, MADISON, WI 53715  
 Name of Lobbyist: BRIAN MUNSON  
 Phone No.: 417-5606  
 Lobbyist Phone No.: 255-3988  
 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. \$ 245

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
1/5	MURPHY	1	RAYMOND BOAL SIDE	BRIAN MUNSON
1/12	PLAN COMMISSION	1	"	

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: BRIAN MUNSON Title: PRINCIPAL

Type or print name: \_\_\_\_\_  
 Date: JUNE 30, 2009