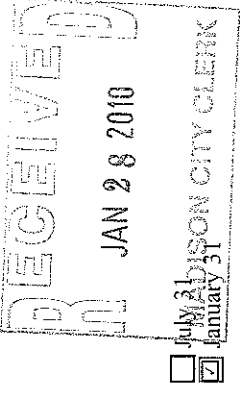


**CITY OF MADISON  
Principal's Expense Statement**



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

**Filing Deadline, Indicate Half-Year:**

Madison Turners, Inc. \_\_\_\_\_ (608) 222-4922  
Phone No.

Name of Principal  
3001 S. Stoughton Road, Madison, WI 53716

Address  
Kristina Somers (414) 298-8249

Name of Lobbyist  
Name of Lobbyist  
Lobbyist Phone No.  
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: Kristina Somers Title: Representative for Madison Turners  
 Type or print name: Kristina Somers  
 Date: January 28, 2010

