

Fax 266-4666
 Faxed 7-1-09 ✓

**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: Dane County Parent Council, Inc. - Satellite Family Child Care
 Phone No. 608/275-6740

Address: 2096 Red Arrow Trail Madison, WI 53711

Name of Lobbyist: Kari Stroede
 Lobbyist Phone No. 608/270-3439

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: Kari Stroede
 Title: Satellite Director

Type or print name: Kari Stroede

Date: 7-1-09

