

**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: Palisade Apartments LLC

Phone No. 608-268-5575

Address: C/O Murphy Desmond S.C. P.O. Box 2038 Madison WI 53701-2038

Name of Lobbyist: Atty Ronald M. Trachtenberg

Lobbyist Phone No. 608-268-5575

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.

Ronald M. Trachtenberg
Signature

RONALD M. TRACHTENBERG
Type or print name

1/3/11
Date