

Section II -- Nature and Interest of Principal

University of Wisconsin Hospitals and Clinics Authority

Name of Principal

Designated Representative of Principal:

see lobbyist information page 1

Last Name

First Name

Title

Mailing Address

City

State

Zip Code

Business Address (if different)

Contact Phone

Contact FAX

Contact E-mail Address

Internet Address

Check one of the following and complete only that section:

Business Entity

Describe the business activity in which the entity is engaged

Chief Executive Officer:

Last

First

Title

If partnership or limited liability company, check here and attach list of partners/members.

Industry, Trade or Professional Association

Describe the industry, trade or profession including any segment thereof which the association exclusively or primarily represents

Chief Executive Officer:

Last

First

Title

Approximate number of members: _____

Other Not for Profit

Labor Union

Charitable/Religious/Civic, etc.

Other

Hospital, clinics and other health services for local and regional patients
Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents and supporting academic training and research

Describe any industry, trade, profession, or group with a common interest which the organization primarily represents or from which the organization's membership or financial support is primarily derived

Approximate number of members: _____

Individual

Name and address of the individual's employer, if any, or of the individual's primary place of business, if self-employed

Describe the business activity in which the individual or the individual's employer is engaged

Section III -- Areas of Lobbying

Provide a reasonably specific narrative summary of areas of legislative and administrative action the principal may attempt to influence:

1. Building, land use and development for UWHC and related entities
2. Local and regional health care and other policy issues

List the City agencies in which the principal seek to influence administration action:

- All None Agencies listed below

Identify the proposed legislative or administrative action in connection with which the principal has made or intends to make a lobbying communication before December 31.

1. Item: _____

a. How will this item affect the principal's business or other activity?

b. Which industry, trade, profession or segment or portion thereof would be principally affected?

c. If the item is an appropriation, please identify the City program or person for which the appropriation is proposed and the approximate amount, if you know the amount.

For additional items, attach additional sheets. Issues will reflect activities identified in paragraph 1, section III, Areas of Lobbying

2. If lobbying communication relates to the capital or operating budget, identify topic or topics.

CAPITAL BUDGET

OPERATING BUDGET

NA	topic	NA	topic
	topic		topic
	topic		topic
	topic		topic
	topic		topic
	topic		topic
	topic		topic

Section IV - Authorization of Lobbyists

As a designated representative of the Principal, the Lobbyist named above is hereby authorized to lobby on behalf of the Principal.

- The lobbyist is an employee of the Principal.
- The lobbyist is also authorized to file expense reports or other filings on behalf of the Principal.

Dated: January 26, 2006

Name: SEE ATTACHED PAGE

Position: _____

Signature: _____

Section IV - Authorization of Lobbyists

The following lobbyists are authorized to represent the principal in proposed legislative or administrative action.

- 1. Lobbyist's Name: David Entwistle, Chief Operating Officer
Mailing Address: 600 Highland Ave. H4/816 Madison, WI 53792-8360
Address City State Zip Code
Phone No.: 608-263-7737
Indicate if: Contract Lobbyists or Employee

- 2. Lobbyist's Name: Juli Aulik, Director, Community Relations
Mailing Address: 635 Science Dr. Madison, WI 53711
Address City State Zip Code
Phone No.: 608-263-6138
Indicate if: Contract Lobbyists or Employee

- 3. Lobbyist's Name: Linda Brei, VP, Public Affairs and Marketing
Mailing Address: 635 Science Dr. Madison, WI 53711
Address City State Zip Code
Phone No.: 608-263-5800
Indicate if: Contract Lobbyists or Employee

- 4. Lobbyist's Name: Terry Wilkerson, VP, Facilities
Mailing Address: 600 Highland Ave. H4/874 Madison, WI 53792-8360
Address City State Zip Code
Phone No.: 608-263-9207
Indicate if: Contract Lobbyists or Employee

- 5. Lobbyist's Name: Donna Sollenberger, President and CEO
600 Highland Ave. H4/810 Madison, WI 53792-8350
608-263-8991 Employee

Section V - Authorized Signer

- 1. Name: David Entwistle
Position or Relationship to Principal: Chief Operating Officer

- 2. Name: _____
Position or Relationship to Principal: _____

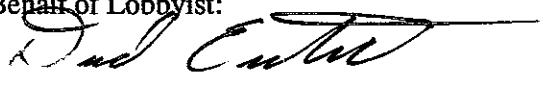
- 3. Name: _____
Position or Relationship to Principal: _____

- 4. Name: _____
Position or Relationship to Principal: _____

Section V -- Certification

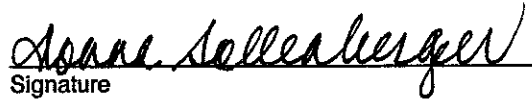
I certify that the above is true and correct to the best of my knowledge, information and belief, and that I am the registrant or an authorized designee. I understand that I am subject to a forfeiture if I know or believe any of the above information not to be true.

On Behalf of Lobbyist:

	Chief Operating Officer
Signature	Title
David Entwistle	1/26/2006
Type or print name as signed above	Date

Address & Telephone (if different from first page of this form)

On Behalf of Principal:

	President and Chief Executive Officer
Signature	Title
Donna Sollenberger	1/30/06
Type or print name as signed above	Date

Address & Telephone (if different from first page of this form)