

**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

Wisconsin Alumni Research Foundation  
Name of Principal

608/263-9395  
Phone No.

614 Walnut Street, Madison, WI 53726  
Address

George E. Austin  
Name of Lobbyist

608/294-9000  
Lobbyist Phone No.

Del Wilson  
Craig Spangler  
Name of Lobbyist

414/271-8899  
215/446-0301  
Lobbyist Phone No.

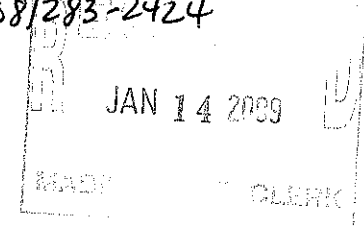
Kevin Deloroy  
Name of Lobbyist

608/283-2424  
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
<i>NONE</i>				

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.

*Carl E. Gulbrandsen*  
Signature

CARL E. GULBRANDSEN, MANAGING DIRECTOR  
Title

JANUARY 12, 2009  
Date

# REGISTRATION OF LOBBYIST

Return to Office of the City Clerk, 210 Martin Luther King, Jr. Blvd., Room 103, Madison, WI 53703-3342

## Section 1 -- Identification of Lobbyist

"Lobbyist" means any person paid to influence administrative or legislative action.

Last Name Spangler First Name Craig Title Principal  
Mailing Address 833 Chestnut Street Suite 1400  
City Philadelphia State PA Zip Code 19107  
Business Address (if different)  
Contact Phone 215/446-0000  
Contact FAX 215/446-0301 Contact E-mail Address cspangler@ballinger-ae.com  
Internet Address www.ballinger-ae.com

Person to whom correspondence should be sent (if different from above)

Last Name Ballinger First Name \_\_\_\_\_  
Firm or Organization Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail Address \_\_\_\_\_

## Section II -- Nature and Interest of Principal

Name of Principal Wisconsin Alumni Research Foundation  
Designated Representative of Principal:  
Last Name Gulbrandsen First Name Carl Title Managing Director  
Mailing Address 614 Walnut Street  
City Madison State WI Zip Code 53726  
Business Address (if different)  
Contact Phone 608/263-9395 Contact E-mail Address carl@warf.org  
Contact FAX 608/263-1064 Internet Address www.warf.org

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

*WARF supports research, transfers technology and ensures the inventions and discoveries of UW-Madison benefit human kind*  
Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents

*n/a*  
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: *n/a*

**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:

*WARF is developing the Wisconsin Institute for Discovery / Morgridge Institute for Research (WID/MIR) on the UW-Madison campus. The project will require City/land use approvals and will likely use tax-exempt redevelopment revenue bonds to be issued by the CDA.*

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: Land use and tax-exempt financing approvals for WID/MIR
- a. How will this item affect the principal's business or other activity?  
WID/MIR will create a world class environment for bio-medical research on the UW-Madison campus
- b. Which industry, trade, profession or segment or portion thereof would be principally affected?  
n/a
- 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.  
n/a

For additional items, attach additional sheets

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

**CAPITAL BUDGET**

**OPERATING BUDGET**

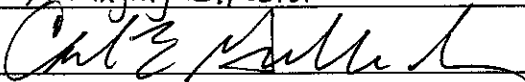
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**Section IV - Authorization of Lobbyists**

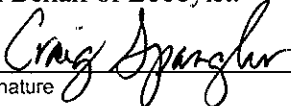
As a designated representative of the Principal, the Lobbyist named above is hereby authorized to lobby on behalf of the Principal.

- 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 28, 2008  
Name: Carl E. Gulbrandsen  
Position: Managing Director  
Signature: 

**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:  
 Title \_\_\_\_\_  
Signature \_\_\_\_\_  
CRAIG SPANGLER Date 1/28/08  
Type or print name as signed above Date

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

On Behalf of Principal:  
Signature \_\_\_\_\_ Title \_\_\_\_\_  
Type or print name as signed above Date \_\_\_\_\_

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