

**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

608/294-9000

Lobbyist Phone No.

Del Wilson

414/271-8899

Craig Spangler

215/446-0301

Name of Lobbyist

Kevin Deloroy

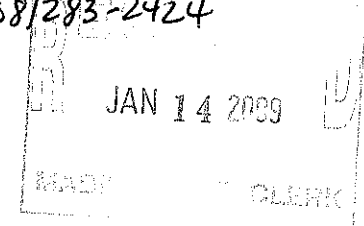
Lobbyist Phone No.

608/283-2424

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

Title

CARL E. GULBRANDSEN, MANAGING DIRECTOR

Type or print name

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.

Wilson Last Name Del First Name Principal Title

322 East Michigan Street #400 Mailing Address

Milwaukee City WI State 53202 Zip Code

Business Address (if different)
414/271-8899 Contact Phone

414/271-8942 Contact FAX delw@wihlein-wilson.com Contact E-mail Address

www.wihlein-wilson.com Internet Address

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

Wihlein Wilson Architects Firm or Organization Name

Mailing Address
City State Zip Code

Phone FAX E-mail Address

Section II -- Nature and Interest of Principal

Wisconsin Alumni Research Foundation Name of Principal

Designated Representative of Principal:
Gulbrandsen Last Name Carl First Name Managing Director Title

614 Walnut Street Mailing Address

Madison City WI State 53726 Zip Code

Business Address (if different)
608/263-9395 Contact Phone carl@warf.org Contact E-mail Address

608/263-1064 Contact FAX www.warf.org 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

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

topic

topic

topic

topic

topic

topic

topic

topic

topic

topic

topic

topic

Section IV - Authorization of Lobbyists

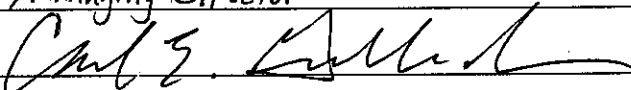
As a designated representative of the Principal, the Lobbyist named above is hereby authorized to lobby on behalf of the Principal.

- 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 28, 2008

Name: Carl E. Gulbrandsen

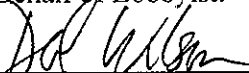
Position: Managing Director

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:


Signature _____ Title _____

DEL WILSON 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)