REGISTRATION OF LOBBYIST

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

Section I - Identification of Lobbyist "Lobbyist" means any person paid to influence administrative or legislative action.

Last Name First Name Title	Olver	Aaron			Managing Director	
Mailing Address WI 53719 City State Zip Code Business Address (if different) (608) 441-8000	Last Name	First Name			Title	
Mailing Address WI 53719 City State Zip Code Business Address (if different) (608) 441-8000	510 Charmany Drive, Suite 250					
Madision WI 53719 City State Zip Code Business Address (if different) (608) 441-8000 Contact Phone aaron.olver@wisc.edu Contact Fax Contact E-mail Address www.universityresearchpark.org Internet Address Person to whom correspondence should be sent (if different from above) Oliver Aaron Last Name University Research Park, Inc. Firm or Organization 510 Charmany Drive, Suite 250 Madison WI 53719 21/p Code Mailing Address Madison FAX E-mail Address Section II - Nature and Interest of Principal Designated Representative of Principal: Olver Aaron Last Name First Name Title 510 Charmany Drive, Suite 250 Mailing Address Mailing Address WI 53719 City Saron.olver@wisc.edu <tr< td=""><td></td><td></td><td></td><td></td><td></td><td></td></tr<>						
State			WI		53719	
Business Address (if different) (608) 441-8000 Contact Phone						
Georgia Address Contact Phone Contact Phone Contact Fax Contact E-mail Address Co	•				•	
Contact Phone	Business Address (if different)					
aaron.olver@wisc.edu	(608) 441-8000					
Contact Fax						
Contact Fax				aaron.olver@wisc	.edu	
Internet Address	Contact Fax					
Internet Address	www.universityresearchpark.org					
Diver						
Diver	Parson to whom correspondence	should be sent	(if diffor	ont from above)		
Last Name	·	siloulu de selli	(ii dillei	•		
University Research Park, Inc. Firm or Organization 510 Charmany Drive, Suite 250 Mailing Address Madison State State Zip Code (608) 441-8000 FAX E-mail Address Section II - Nature and Interest of Principal Principal Signated Representative of Principal: Olver						
Firm or Organization 510 Charmany Drive, Suite 250 Mailing Address Madison City State (608) 441-8000 Phone FAX Section II - Nature and Interest of Principal Aaron Olver Name of Principal Designated Representative of Principal: Olver Last Name First Name First Name First Name First Name Mailing Address Madison WI State Section II - Nature and Interest of Principal: Olver Last Name First Name First Name Title 510 Charmany Drive, Suite 250 Mailing Address Madison WI State State Jip Code Business Address (if different) (608) 441-8000 aaron.olver@wisc.edu				i iist ivaille		
Mailing Address Madison WI Sa719 Zip Code						
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City (608) 441-8000	_		١٨/١		52710	
Aaron Olver						
Phone FAX E-mail Address Section II - Nature and Interest of Principal Aaron Olver Name of Principal Designated Representative of Principal: Olver Aaron E-mail Address Title 510 Charmany Drive, Suite 250 Mailing Address Madison WI State Signated Representative of Principal: Olver Aaron First Name Title 510 Charmany Drive, Suite 250 Mailing Address Madison State Discrepance State E-mail Address Aaron Aaron Aaron First Name Title 510 Charmany Drive, Suite 250 Mailing Address Madison Aaron Aaro	•		Olato	aaron.olver	·	
Aaron Olver Name of Principal Designated Representative of Principal: Olver Aaron Last Name First Name 510 Charmany Drive, Suite 250 Mailing Address Madison WI City State Business Address (if different) (608) 441-8000 aaron.olver@wisc.edu		AX				
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Name of Principal Designated Representative of Principal: Olver Last Name First Name Title 510 Charmany Drive, Suite 250 Mailing Address Madison City WI State 53719 Zip Code Business Address (if different) (608) 441-8000 aaron.olver@wisc.edu		•				
Designated Representative of Principal: Olver						
Olver Aaron Last Name First Name 510 Charmany Drive, Suite 250 Mailing Address Madison WI 53719 City State Zip Code Business Address (if different) (608) 441-8000 aaron.olver@wisc.edu	Name of Principal					
Last Name First Name Title 510 Charmany Drive, Suite 250 Mailing Address Madison WI 53719 City State Zip Code Business Address (if different) (608) 441-8000 aaron.olver@wisc.edu	Designated Representative of Principa	al:				
510 Charmany Drive, Suite 250 Mailing Address Madison WI 53719 City State Zip Code Business Address (if different) aaron.olver@wisc.edu	Olver	Aaron				
Mailing Address WI 53719 City State Zip Code Business Address (if different) (608) 441-8000 aaron.olver@wisc.edu	Last Name	First Name			Title	
Madison City State 53719 Zip Code Business Address (if different) (608) 441-8000 aaron.olver@wisc.edu	510 Charmany Drive, Suite 250					
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(608) 441-8000 aaron.olver@wisc.edu	City		State		Zip Code	
(608) 441-8000 aaron.olver@wisc.edu						
	Business Address (if different)					
	(608) 441-8000			aaron.olver@wis	c.edu	
Contact Fax Internet Address	Contact Fax			Internet Address		

Che	Check one of the following and complete only that section:					
	Business Entity					
	Describe the business activity in which the entity is engaged:					
	☐ Is a partnership or limited liability company. See list of partners/members at end of form.					
	Industry, Trade or Professional Association					
	Describe the industry, trade or profession including any segment thereof which the association exclusive primarily represents:	∍ly or				
	primarily represents.					
7	☑ Other Not for Profit					
	Describe the organization's purpose:					
	University Research Park, Inc. is a nonprofit affiliated with the University of Wisconsin - Madison that support tech research commercialization, especially through real estate.	nnology and				
	Describe any other group with a common purpose the organization represents:					
	20001120 unit other group with a common purpose the organization represented.					
	Describe any other group with a common interest the organization represents:					
	Describe any other group with a common interest providing membership to the organization:					
	Describe any other group with a common interest providing funding to the organization:					
	☐ Individual					
Name and address of the individual's employer, if any, or of the individual's primary place of business, if self-er						
	Describe the business activity in which the individual or the individual's employer is engaged:					
	If Industry, Trade, or Professional Association, or Not for Profit, approximate number of members:					
Chief Executive Officer of Business Entity or Industry, Trade, or Professional Association:						
	Olver Aaron Managing Director					
	Last Name First Name Title					

ectio	on III - Areas of Lobbying					
ittem	le a reasonably specific narrative summary of areas of legislative and administrative action the principal may of to influence:					
Iniver and-u	sity Research Park, Inc. acts as a real estate developer on behalf of science and technology tenants and may seek se approvals, TIF assistance, and interact on engineering, traffic engineering, or economic development issues.					
ist th	e City agencies in which the principal seek to influence administration action:					
	☐ None ☑ Listed Below					
epar	tment of Planning and Community and Economic Development, Mayor, City Council, City Attorney					
	by the proposed legislative or administrative action in connection with which the principal has or intends to make a lobbying communication before December 31.					
	Item: TIF assistance					
	 a. How will this item affect the principal's business or other activity? TIF assistance is required to construct a new headquarters for a key URP company. No individuals will benefit as 					
	University Research Park, Inc. is a non-profit.					
	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. TIF					
	For additional items, see attachments.					
	If lobbying communication relates to the capital or operating budget, identify topic or topics.					
	CAPITAL BUDGET OPERATING BUDGET					
	TID #46 general obligation debt					

Section IV - Authorization of Lobbyists				
As a designated representative of the Principal, the Lobb behalf of the Principal.	yist named above is hereby authorized to lobby on			
☐ The lobbyist is an employee of the Principal.				
The lobbyist is also authorized to file expense replaced: 02/07/2018	eports or other filings on behalf of the Principal.			
Name:				
Position:				
Signature:				
oignataro				
Section V - Certification				
	y knowledge, information and belief, and that I am the registrant or an orfeiture if I know or believe any of the above information not to be true.			
on Bondin of Lousylot.	Managing Director			
Signature	Title			
Aaron Olver	02/07/2018			
Type or print name as signed above	Date			
Address & Telephone (if different from first page of this fo	orm)			
On Behalf of Principal:				
Signature	Title			
Aaron Olver	02/07/2018			
Type or print name as signed above	Date			
Address & Telephone (if different from first page of this fo				

List of partners/members (see Section II above):

Aaron Olver Paul Muench Quin Purkey