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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 9/17/01

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT3. Registrant name Sidley Austin Brown & WoodAddress 10 S. Dearborn StreetCity ChicagoState ILZip 60603

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

() 312-853-7000 Contact Alan Charles Raul E-mail (optional) araul@

6. General description of registrant's business or activities

Law Firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box below and proceed to line 10.* Self

7. Client name University of Wisconsin Hospital & ClinicsAddress 600 Highland AvenueCity MadisonState WIZip 53792

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

Organ procurement organization**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Jeffrey G. Kraft	Partner
Karen Owen Dunlop	Partner
Alan Charles Raul	Partner



Registrant Name Sidley Austin Brown & Wood Client Name University of Wisconsin Hospital

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LI

HCR

12. Specific lobbying issues (current and anticipated)

Organ procurement

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the client during a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No => Go to line 14. Yes -> Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or manages the lobbying activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the client's lobbying activity?

No => Sign and date the registration. Yes -> Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature  Date 9/17/01

Printed Name and Title Alan Charles Raul, Partner

