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12/15/06
DATE

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

| | | | |
|---|---------------------------------------|---------------------|--------------------------|
| 1. Registrant name | | | |
| Organization | Broydrick & Associates | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported | | | |
| Address1 | 444 North Capitol Street NW Suite 837 | | |
| City | Washington | State | DC |
| Zip Code | 20001 | Country | USA |
| 3. Principal place of business (if different than line 2) | | | |
| City | Milwaukee | State | WI |
| Zip Code | 53202 | Country | USA |
| 4a. Contact Name | | b. Telephone number | c. E-mail |
| Prefix | Full Name | | |
| Mr. | Bill Broydrick | 202/ 637-0637 | bbroydrick@broydrick.com |
| 7. Client Name <input type="checkbox"/> Self | | | 5. Senate ID # |
| BC of WI | | | 7268-48 |
| | | | 6. House ID # |
| | | | 32405003 |

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____

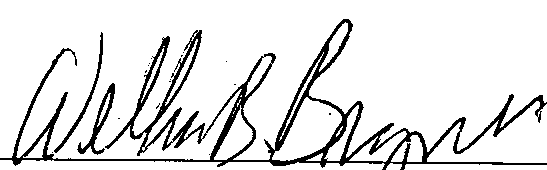
11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| | |
|---|--|
| <p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p> | <p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p> |
|---|--|

Form Complete

Printed Name and Title William B Broydrick: Principal



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Registrant Name Broydrick & Associates Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the regis engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code**, pro information as requested. Attach additional page(s) as needed.

15. General issue area code _____ (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue >

17. House(s) of Congress and Federal agencies contacted None House Senate Other

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists for this issu

| First Name | Name Last Name | Suffix | Covered Official Position (if applicable) | N |
|------------|-------------------|--------|---|--------------------------|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

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Printed Name and Title William B Broydrick: Principal

William B. Broydrick
Add a page for a different issue

_____ *[Handwritten signature]*

Registrant Name Broydrick & Associates Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

Country

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

| First Name | Last Name | Suffix | First Name | Last Name | Suffix |
|------------|-----------|--------|------------|-----------|--------|
| 1 | | | 3 | | |
| 2 | | | 4 | | |

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal place of Business (city and state or country) |
|------|------------------|---|
| | Address C/S/Z | City State Country |
| | Address C/S/Z | City State |

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

| | | |
|----------|----------|----------|
| 1 | 2 | 3 |
|----------|----------|----------|

FOREIGN ENTITIES

27. Add the following foreign entities

| Name | Street Address | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Ownership percentage in client |
|------|----------------|-------------------------|---|--|--------------------------------|
| | City | State/Province, Country | City State Country | | |

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, client or affiliated organization

| | | |
|----------|----------|----------|
| 1 | 3 | 5 |
| 2 | 4 | 6 |

Add a page for more updates

Printed Name and Title William B Broydrick: Principal

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