

Clerk of the House of Representatives
 Legislative Resource Center
 B-106 Cannon Building
 Washington, DC 20515

Secretary of the Senate
 Office of Public Records
 232 Hart Building
 Washington, DC 20510

SECRETARY OF THE SENATE
 01 FEB 14 PM 2:28

LOBBYING REPORT

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

1. Registrant Name PROYDRICK & ASSOCIATES, INC.	
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 111 East Kilbuck Avenue Suite #2060	
3. Principal Place of Business (if different from line 2) City: Milwaukee State/Zip (or Country) WI 53202	
4. Contact Name Mary E. Moack	Telephone 414/224-9397
E-mail (optional)	5. Senate ID # 7268-137
7. Client Name <input type="checkbox"/> Self National Association of Children's Hospitals and Related Institutions, Inc.	
6. House ID # 32405008	

TYPE OF REPORT 8. Year 2000 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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>37,675.93</u> <small>Income (nearest \$20,000)</small></p> <p>Provide a good faith estimate, rounded to the nearest \$26,000, 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"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></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(c) of the Internal Revenue Code</p>

Signature

Mary E. Moack

2/12/01

Printed Name and Title Mary E. Moack - Office Manager

LD-2 (REV. 6/96)

PAGE 1 of 3

2.
 Registrant Name Broydrick & Assoc. Inc. Client Name _____

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

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

16. Specific lobbying issues

Defense Appropriations Bill- Tricare (Defense Health)
 Defense Authorization Bill

17. House(s) of Congress and Federal agencies contacted Check if None

House of Representatives
 Senate
 Department of Defense

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
Bill Broydrick		<input type="checkbox"/>
Amy Heir		<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

Signature

Mary E. Neack

Date 2/12/01

Printed Name and Title

Mary E. Neack Office Manager

Registrant Name Broydrick & Assoc. LLC Client Name National Association of Children's Hospitals and Related Institutions, Inc.

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

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

16. Specific lobbying issues

/- Claims Processing Reform
Prompt Payment

17. House(s) of Congress and Federal agencies contacted Check if None

House
Senate
Department of Defense

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
<u>Any Heir</u>		<input type="checkbox"/>
<u>Bill Broydrick</u>		<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

Signature Mary E. Nohok Date 2/12/01

Printed Name and Title Mary E. Nohok Office Manager