

## LOBBYING REPORT

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

1. Registrant Name:

**BROYDRICK & ASSOC**

2. Address:

444 NORTH CAPITOL STREET, NW STE 837, WASHINGTON, DC 20001

3. Principal place of business (if different from line 2):

City: MILWAUKEE State/Zip(or Country): WI 53202

4. Contact Name: SHANNAN VAIL

Telephone: 202-637-0637

E-mail (optional): svail@broydrick.com

Senate ID #: 7268-404

House ID #: 32405028

7. Client Name:  Self

**BLUE CROSS AND BLUE SHIELD UNITED OF WISCONSIN**

### TYPE OF REPORT

8. Year 2002 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

#### 12. Lobbying Firms

**INCOME** relating to lobbying activities for this reporting period was:

Less than \$10,000:

\$10,000 or more:  => Income (nearest \$20,000): 40,000.00

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).

#### 13. Organizations

**EXPENSES** relating to lobbying activities for this reporting period were:

Less than \$10,000:

\$10,000 or more:  => Expenses (nearest \$20,000): \_\_\_\_\_

#### 14. Reporting Method.

Check box to indicate expense accounting method. See instructions for description of options.

**Method A.** Reporting amounts using LDA definitions only

**Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code

**Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Registrant Name: BROYDRICK & ASSOC Client Name: BLUE CROSS AND BLUE SHIELD UNITED OF WISCONSIN

**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:

Medicare Contractor Reform Payment issues

17. House(s) of Congress and Federal agencies contacted:

Centers For Medicare and Medicaid Services (CMS)

HOUSE OF REPRESENTATIVES

Health & Human Services, Dept of (HHS)

SENATE

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

Name: BROYDRICK, BILL

Covered Official Position (if applicable): N/A

Name: DEMSKE, AMY J.

Covered Official Position (if applicable): N/A

Name: OAKLEY, KARA TOLLETT

Covered Official Position (if applicable): N/A

Name: VINEY, BILL

Covered Official Position (if applicable): N/A

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

Registrant Name: BROYDRICK & ASSOC Client Name: BLUE CROSS AND BLUE SHIELD UNITED OF WISCONSIN

**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: MMM (one per page)

16. Specific lobbying issues:

Medicare Contractor Reform Payment issues

17. House(s) of Congress and Federal agencies contacted:

Centers For Medicare and Medicaid Services (CMS)

HOUSE OF REPRESENTATIVES

Health & Human Services, Dept of (HHS)

SENATE

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

Name: BROYDRICK, BILL

Covered Official Position (if applicable): N/A

Name: DEMSKE, AMY J.

Covered Official Position (if applicable): N/A

Name: OAKLEY, KARA TOLLETT

Covered Official Position (if applicable): N/A

Name: VINEY, BILL

Covered Official Position (if applicable): N/A

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

Signature: ON FILE Date: Aug 13, 2002

Printed Name and Title: SHANNAN VAIL - OFFICE MANAGER