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LOBBYING REPORT

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

1. Registrant Name BROYDRICK & ASSOCIATES, INC.			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 111 East Kilbourn 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. Noack		Telephone 414/224-9393	E-mail (optional) 5. Senate ID # 7268-24
7. Client Name <input type="checkbox"/> Self Aurora Health Care		6. House ID # 32405001	

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 5/23/00 11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p style="text-align: center;">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>15,491.17</u> Income (nearest \$20,000)</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 style="text-align: center;">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"/> \$ _____ Expenses (nearest \$20,000)</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>

Signature Mary E. Noack
 Printed Name and Title Mary E. Noack - Office Manager

Registrant Name Broydrick & Assoc., Inc. Client Name Aurora Health Care

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 and Medicaid Reform included in Balanced Budget Act
- Graduate Medical Education
- Medicare carrier policies and HCFA regulations relating to IDTFS (Independent Diagnostic Testing Facilities)
- Medicare Wage Index and cost reporting
- OASIS, PACE regulations
- Privacy issues; DSH

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

Senate, House, Health and Human Services, Health Care Financing Administration

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

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

Printed Name and Title Mary D. Nesch Office Manager

Registrant Name Brevick & Assoc. Incident Name Aurora Health Care

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

NONE

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

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

Name	Covered Office/ Position (if applicable)	New
		<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 _____ Date _____

Printed Name and Title Mary E. Nease Office Manager