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# 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 #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
Prefix Full Name	c. E-mail
Ms. Stacy Willyard	202/637-0637 swillyard@broydrick.com
7. Client Name <input type="checkbox"/> Self	5. Senate ID #
WISCONSIN HEALTH AND HOSPITAL ASSOCIATION	7268-544
	6. House ID #
	32405014

**TYPE OF REPORT** 8. Year 2005 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 align="center"><b>12. Lobbying Firms</b></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>40,000</u></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 align="center"><b>13. Organizations</b></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><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form Comp

*William B. Broydrick*

Printed Name and Title William B Broydrick: Principal

2/13/06

0000092929



Registrant Name BROYDRICK & ASSOCIATES

Client Name WISCONSIN HEALTH AND HOSPITAL ASSOCIATION

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 - Health Issues (one per page)

16. Specific lobbying issues

Hospital and health care issues relating to Wisconsin  
 Graduate Medical Education  
 Disproportionate share payments

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

US House of Representatives  
 US Senate

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
William B	Broydrick		N/A
Kara Tollett	Oakley		N/A

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

0000092930

Printed Name and Title William B Broydrick: Principal



Registrant Name BROYDRICK & ASSOCIATES Client Name WISCONSIN HEALTH AND HOSPITAL ASSOCIATION

**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
<input type="checkbox"/> 1 Erika	Miller		<input type="checkbox"/> 3		
<input type="checkbox"/> 2			<input type="checkbox"/> 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 Country

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	Owners/percent 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

1  3  5  
 2  4  6

Printed Name and Title William B Broydrick: Principal

1582992931

