

SECRETARY OF  
06 SEP 25 P.

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
---	--

# LOBBYING REPORT

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

1. Registrant name			
Organization	DEBRUNNER & ASSOCIATES		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address1	21351 Gentry Drive, Suite 210		
City	Sterling	State	VA
		Zip Code	20166
		Country	US
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
	State/Zip or Country		
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Ms.	ELLEN J. KUGLER	703-444-4091	wanda@debrunner.us
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
STURDY MEMORIAL HOSPITAL			11834-22
			6. House ID #
			31362017

**TYPE OF REPORT** 8. Year 2005 Midyear (January 1-June 30)  OR Year End (July 1-December)

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

10. Check if this is a Termination Report  ⇨ Termination Date 12/31/05 11. No Lobbying Activ

**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>20,000</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 were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ <u>          </u></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exper accounting method. See instructions for description of opti</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions on</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of tl Revenue Code</p>
--	---

Form C

Printed Name and Title \_\_\_\_\_

0000213283



Registrant Name DEBRUNNER & ASSOCIATES

Client Name STURDY MEMORIAL HOSPITAL

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

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue >

Geographic Reclassification  
Consolidated Statistical Area Designation

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

Health & Human Services, Dept of (HHS)  
Centers for Medicare and Medicaid Services (CMS)  
Senate  
House of Representatives  
Office of Management and Budget

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Ellen	Kugler		N/A

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

Add a page for a differ

Printed Name and Title

0000213284



Registrant Name DEBRUNNER & ASSOCIATES Client Name STURDY MEMORIAL HOSPITAL

**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

S

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 City	Address State/Province Country	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Own percentage

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

1

3

5

2

4

6

Add a page for more

Printed Name and Title \_\_\_\_\_

1000213285

