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

SECRET

## 06 FE. LOBBYING REPOR

1. Registrant name				
Organization Cassidy & Associates, Ir	nc.			
2. Address Check if different than previously	y reported			
Address1 700 13th Street, NW		Suite 4	400	
<sub>City</sub> Washington	State DO	Zip Cod	le 20005	Country US
3. Principal place of business (if different than line 2)			,	
City City	State State/Zip	Zip Coc	le	Country
4a. Contact Name b. Telephone nu Prefix Full Name	ımber	c. E-mail	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5. Senate ID#
	compli	ance@cassidy.com		8453-769
7. Client Name Self	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6. House ID#
Blue Cross Blue Shield Association				3022350
9. Check if this filing amends a previously filed version of	rmination Date _	]	OR Y	·
9. Check if this filing amends a previously filed version of 10. Check if this is a Termination Report	this report	]		·
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9. Check if this filing amends a previously filed version of 10. Check if this is a Termination Report   Tellocome or Expenses - Complete E  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting was:	this report rmination Date ither Line 12	2 OR Line 13  EXPENSES relation were:	 13. Org	11. No Lobbying Acti
9. Check if this filing amends a previously filed version of 10. Check if this is a Termination Report    Tellocome or Expenses - Complete E 12. Lobbying Firms  INCOME relating to lobbying activities for this reporting was:  Less than \$10,000    \$10,000 or more    \$\$\frac{1}{2}\$ \$	t \$20,000,	EXPENSES relationships than \$10,000 strong or more	13. Org  ng to lobbying  □  □  METHOD. (	11. No Lobbying Acti
9. Check if this filing amends a previously filed version of 10. Check if this is a Termination Report   The INCOME OR EXPENSES - Complete E. 12. Lobbying Firms  INCOME relating to lobbying activities for this reporting was:  Less than \$10,000   \$10,000 or more   \$\Begin{array} \text{\$\Begin{array}{c} \$\Begin{a	t \$20,000,	EXPENSES relationships than \$10,000 strong or more	13. Orging to lobbying    METHOD. (  See instructing armore Reporting armo	anizations activities for this reporting the second of the
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Printed Name and Title Gregory M. Gill, Executive Vice President & General Counsel
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Registrant Name C	assidy & Associates, Ind		Client Name	Blue Cross Blue Shield Association
engaged in lobby:	CTIVITY. Select as ing on behalf of the cl quested. Attach addit	lient during the r	reporting period.	t the general issue areas in which the Using a separate page for each cod
15. General issue	area code HCR - He	alth Issues		(one per page)
16. Specific lobby	ving issues		Add page to continu	e specific issues description for this issue
	s Health Fairness Act nce Marketplace Mode			005 (S.1955)
House of Repressenate	ongress and Federal a sentatives individual who acted		<b>L</b> anced	
First Name  James	Name Last Name Hirni	Suffix	1	Add a page to continue additing lobbyists for the Official Position (if applicable)
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19. Interest of eac	h foreign entity in the	e specific issues	listed on line 16	above Check if None

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Registrant Name Cas	sidy & Associates, Inc.	Client N	ame Blue Cross B	lue Shield Association
Information U	pdate Page - Complete ON	LY where regis	stration inform	ation has changed.
20. Client new addr				<u> </u>
City		State	Zip Code	Country
21. Client new prin	cipal place of business (if different th			
City	CONTROL OR OF THE STATE OF THE	State	Zip Code	Country
22. New general de	scription of client's business or activ	ities		
LOBBYIST UP	DATE			
23. Name of each First Name	previously reported individual will Last Name Suffi		expected to act as	a lobbyist for the client Last Name S
		3		
2		4		
ISSUE UPDATI		F	ind the code to se	elect below.
24. General lobby	ing issues that <b>no longer</b> pertain			
AFFILIATED (	ORGANIZATIONS			
25. Add the follow	ving affiliated organization(s)			
N	ame	Address		Principal place of Busine (city and state or country
	Address			City
	C/S/Z			State Country
	Address			City
	C/S/Z		'	State
26. Name of each	previously reported organization	that is <b>no longe</b> r	affiliated with th	e registrant or client
1	2		3	
FOREIGN ENT	rities			
	ving foreign entities			
Name	Address Street Address City State/Province (	(city and	place of business state or country)	Amount of contribution for lobbying activities Own clie
		City		
		State	Country	
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affiliated organiz	zation		5	
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Printed Name and T	ritle Gregory M. Gill, Executi	ve Vice Presid	7 ent & General (	Counsel