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05 AUG 17 PM 2: 28

## LOBBYING REPORT

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

1. Registrant name			
Organization		Regence BlueShield	
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1		PO Box 21267	
City	Seattle	State	WA
		Zip Code	
Country US			
3. Principal place of business (if different than line 2)			
City		State	Zip Code
			98111-3267
City		State/Zip or Country	
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Ms.	Nancy	Ellison	nellison@regence.com
7. Client Name <input checked="" type="checkbox"/> Self			5. Senate ID #
Regence BlueShield			87734
			6. House ID #
			3466290

**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                      11. No Lobbying Acti

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ <u>                    </u>	\$10,000 or more <input type="checkbox"/> ⇒ \$ <u>                    </u>
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.
	<input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions of
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code

Form Co

Printed Name and Title Nancy Ellison, Director, Public Policy & Government Programs

0000410433



Client Name **Regence BlueShield**

15. General issue area code HCR - Health Issues (one per page)

Add page to continue specific issues description for this issue >

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 *Add a page to continue adding lobbyists for this issue area*

First Name	Name	Last Name	Suffix	Covered Official Position (if applicable)
Nancy	Ellison	Ms.		

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 **Nancy Ellison, Director, Public Policy & Government Programs**



Registrant Name Regence BlueShieldClient Name Regence BlueShield**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

Su

1

Callie

Denton

Ms.

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	City
	C/S/Z	State
	Address	Country
	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	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own perce 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, c  
affiliated organization

1

3

5

2

4

6

*Nancy Ellison*

Add a page for more up

Printed Name and Title Nancy Ellison, Director, Public Policy & Government Programs

