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02 AUG 14 PM 3:

LOBBYING REPORT

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

1. Registrant Name <u>John F. Tray</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>11988 Collins Reserve Drive</u>			
3. Principal Place of Business (if different from line 2) City: <u>Naples</u> State/Zip (or Country) <u>FL 34110</u>			
4. Contact Name <u>John F. Tray</u>	Telephone <u>202-626-8628</u>	E-mail (optional) <u>John.Tray@WRB.BCBSA.COW</u>	5. Senate ID # <u>38541</u>
7. Client Name <input type="checkbox"/> Self <u>Blue Cross and Blue Shield Association</u>			6. House ID # <u>33720</u>

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Dec 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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>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>\$100,000.00</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>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 accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature John F. Tray

Printed Name and Title John F. Tray, Public Policy Consultant

Registrant Name John F. Troy Client Name Blue Cross and Blue Shield

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 the information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

- S 1052 B: Partisan Patients Bill of Rights Act
- S 284 " Patient Protection Act of 2001 - Part II
- (various) Other Patient Protection bills
- S 958 / HR 1774 - Small Business Health Fairness Act of 2001
- S 2035 Health Plan Marketing Alliance Act of 2002
- S 266 / HR 2563 / HR 154 / Various other Tax Incentives For Health Insurance
- Various Prescription Drug Proposals related to Medicare, Patient Protection (S. 812)

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

Senate

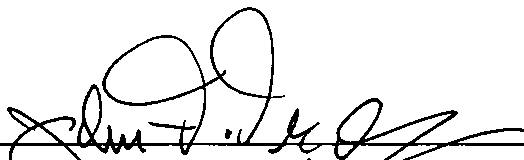
House of Representatives

Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
John F. Troy, Consultant	

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

Signature  Date 7/23/02

Printed Name and Title John F. Troy, Public Policy Consultant

