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| 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 |
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SECRETARY OF
05 FEB 14**LOBBYING REPORT**

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

| | | | |
|---|------------------------------------|--|-----------------------------------|
| 1. Registrant Name <u>Abernathy Consultants, Cathy</u> | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported <u>512 C St., D.C.</u> | | | |
| 3. Principal Place of Business (if different from line 2) City: <u>Washington</u> State/Zip (or Country) <u>DC 20002</u> | | | |
| 4. Contact Name <u>Cathy Abernathy</u> | Telephone <u>(202) 214-3940</u> | E-mail (optional) <u>cabernathy@libertystar.net</u> | 5. Senate ID # <u>14151-35</u> |
| 7. Client Name <input type="checkbox"/> Self <u>Blue Cross/Blue Shield</u> | | | 6. House ID # |

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-De9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇒ Termination Date 12/31/2004

11. No Lobbyir

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

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| <p align="center">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>80,000</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 align="center">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</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p> |
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Signature

Cathy Abernathy

Printed Name and Title Cathy Abernathy, President

LD-2 (REV. 6/98)

Registrant Name Abernathy Consultants Client Name Blue Cross / 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 information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Medicare issues for managed care - no specific legislation

17. House(s) of Congress and Federal agencies contacted

Check if None

House of Representatives

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

| Name | Covered Official Position (if applicable) |
|------------------------|---|
| <u>Cathy Abernathy</u> | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature Cathy Abernathy Date 2/14/2005

Printed Name and Title Cathy Abernathy, President

Form LD-2 (Rev. 6/98)

Pag

Registrant Name Abernathy Consultants Client Name Blue Cross / Blue Shield

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

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

16. Specific lobbying issues

Medicare issues for managed care - no specific legislation

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

House of Representatives

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

| Name | Covered Official Position (if applicable) |
|------------------------|---|
| <u>Cathy Abernathy</u> | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Cathy Abernathy Date 2/14/2005

Printed Name and Title Cathy Abernathy, President

Form LD-2 (Rev. 6/98)

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