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LOBBYING REPORT

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

1. Registrant name			
Organization		Blue Cross and Blue Shield of Georgia	
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1		3350 Peachtree Road, NE	
City		Atlanta	State GA
Zip Code		30326	Country US
3. Principal place of business (if different than line 2)			
City		State	Zip Code
City		State/Zip or Country	Country
4a. Contact Name		b. Telephone number	
Prefix	Full Name	c. E-mail	
Mr.	Charles E. Harman	charman@bcbsga.com	
7. Client Name		5. Senate ID #	
<input checked="" type="checkbox"/> Self		6405-1	
Blue Cross and Blue Shield of Georgia		6. House ID #	
		332570	

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ 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).	13. Organizations EXPENSES relating to lobbying activities for this report were: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions <input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code
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Printed Name and Title Charles E. Harman



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Go to

Registrant Name Blue Cross and Blue Shield of Georgia Client Name Blue Cross and Blue Shield of Georgia**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 UPDATE23. 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 UPDATE24. General lobbying issues that **no longer** pertain

HCR - Health Issues

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 Country
	Address	City
	C/S/Z	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)	Amount of contribution for lobbying activities	Own perc cler
			City		
			State Country		

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

1

3

5

2

4

6

Add a page for more u

Printed Name and Title Charles E. Harman

