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# LOBBYING REPORT

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

1. Registrant Name <b>BLUE CROSS &amp; BLUE SHIELD OF SOUTH CAROLINA</b>	
2. Address <input type="checkbox"/> Check if different than previously reported <b>I-20 @ ALPINE ROAD ; PUBLIC AFFAIRS, AA-408</b>	
3. Principal Place of Business (if different from line 2) City: <b>COLUMBIA</b> State/Zip (or Country) <b>SC 29219-0001</b>	
4. Contact Name <b>WILLIAM B. O'NEIL, JR.</b>	Telephone <b>301.528.5391</b>
E-mail (optional) <b>WILLIAM.O'NEIL@bcbsc.com</b>	5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID #

**TYPE OF REPORT** 8. Year 2001 Midyear (January 1-June 30)  OR Year End (July 1-Dec)

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

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000) 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).	<b>EXPENSES</b> relating to lobbying activities for this reporting period were: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000) <b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature \_\_\_\_\_

Printed Name and Title \_\_\_\_\_



Registrant Name BCBS-SC

Client Name N/A

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the re 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 \_\_\_\_\_ (one per page)

~~MM~~ MMM

16. Specific lobbying issues

MEDICARE REFORM

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

Check if None

HOUSE OF REPRESENTATIVES  
SENATE

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

Name	Covered Official Position (if applicable)
<u>WILLIAM B. O'NEIL, JR.</u>	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature William B. O'Neil Jr

Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_



Registrant Name \_\_\_\_\_

Client Name \_\_\_\_\_

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City \_\_\_\_\_

State/Zip (or 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

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or co

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

