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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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# LOBBYING REPORT

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

1. Registrant name Organization <b>Trammell and Company</b>	
2. Address <input type="checkbox"/> Check if different than previously reported Address 1 <b>1220 19th Street, NW</b> Suite <b>804</b> City <b>Washington</b> State <b>DC</b> Zip Code <b>20036</b> Country <b>US</b>	
3. Principal place of business (if different than line 2) City _____ State _____ Zip Code _____ Country _____ City _____ State/Zip or Country _____	
4a. Contact Name Prefix Full Name <b>Mr. Jason S Eberstein</b>	b. Telephone number <b>202-223-3305</b>
c. E-mail	
5. Senate ID # <b>84478-3</b>	
7. Client Name <input type="checkbox"/> Self <b>Blue Cross Blue Shield of Florida</b>	
6. House ID # <b>365100</b>	

**TYPE OF REPORT** 8. Year 2004 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 Act

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

<p><b>12. Lobbying Firms</b></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>20,000</u></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><b>13. Organizations</b></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"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)( Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Revenue Code</p>
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Form C

Printed Name and Title Jeff Trammell - President

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Registrant Name Trammell and Company

Client Name Blue Cross Blue Shield of Florida

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the 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 - Medicare/Medicaid (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue*

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

House and Senate	
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18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Jeff	Trammell		
Jason S.	Eberstein		
Matthew	Hodges		

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

*Add a page for a diff*

