

SECRETARY OF THE SENATE

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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		Regence BlueShield of Idaho	
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1 1211 W. Myrtle, Ste 210			
City	Boise	State	ID
Zip Code	83702	Country	USA
3. Principal place of business (if different than line 2)			
City	Lewiston	State	ID
Zip Code	83501	Country	USA
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Tim Olson	208 333-7838	tolson.id@regence.com
7. Client Name <input checked="" type="checkbox"/> Self		5. Senate ID #	
Regence BlueShield of Idaho		36625000	
6. House ID #			

**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 Activity

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

<p align="center"><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 type="checkbox"/> ⇒ \$ _____</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"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form 1000

Printed Name and Title Tim Olson, Director, Corporate and Governmental Affairs

1000222065



Registrant Name Regence BlueShield of Idaho

**Client Name** Regence BlueShield of Idaho

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant was 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 - Health Issues (one per page)

## 16. Specific lobbying issues

Add page to continue specific Issues description for this Issue

Association Health Plans: HR525/S406 "Small Business Health Fairness Act of 2005"; Insurance Market Reform: S1955 "Health Insurance Modernization and Affordability Act of 2005"

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 *Add a page to continue adding lobbyists for this issue area*

Name			Covered Official Position (if applicable)
First Name	Last Name	Suffix	
Mike	Simpson		
Butch	Otter		

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

Add a page for a different

Printed Name and Title **Tim Olson, Director, Corporate and Governmental Affairs**

LD-2DS (Rev. 4.06)

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Registrant Name Regence BlueShield of IdahoClient Name Regence BlueShield of Idaho**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 UPDATE****23. 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

Suffix

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

**24. General lobbying issues that no longer pertain****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
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**FOREIGN ENTITIES****27. Add the following foreign entities**

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owners percent client
	City	State/Province Country	City		
			State Country		

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

1	3	5
2	4	6

Add a page for more updates.

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