

00 JAN 19 AM 11:43

LOBBYING REPORT

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

1. Registrant Name <u>John F. Troy</u>	
2. Address <input type="checkbox"/> Check if different than previously reported <u>2925 Gardens Blvd, Naples, FL 34105</u>	
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____	
4. Contact Name <u>John F. Troy</u>	5. Senate ID # <u>38541-12</u>
Telephone _____ E-mail (optional) _____	6. House ID # <u>33772000</u>
7. Client Name <input type="checkbox"/> Self <u>Blue Cross And Blue Shield Association</u>	

TYPE OF REPORT 8. Year 1994 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	
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 checked="" type="checkbox"/> → \$ <u>100,000</u> <small>Income (nearest \$20,000)</small> 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 reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> → \$ _____ <small>Expenses (nearest \$20,000)</small> 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature [Handwritten Signature]
Printed Name and Title John F. Troy, Consultant

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Registrant Name John F. Troy Client Name Blue Cross and Blue Shield Association

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

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

16. Specific lobbying issues

HR - 10 - Financial Services Modernization Act. of 1999
S - 900 - Financial Services Modernization


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)	New
<u>John F. Troy, Consultant</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature  Date 1/25/00
Printed Name and Title John F. Troy, Consultant

Registrant Name John F. Teoy Client Name Blue Cross and Blue Shield Association

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

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

16. Specific lobbying issues
- HR 2723 - Bi-Partisan Managed Care Improvement Act of 1999
 - HR 2490 - Quality Care For The Uninsured Act of 1999
 - HR 1304 - The Quality Health-Care Coalition Act
 - HR 3146 - The Health Care Restoration Act of 1999
 - S 1344 - Patients Bill of Rights Plus Act

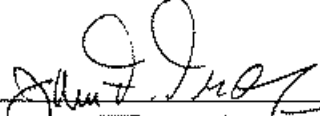
17. House(s) of Congress and Federal agencies contacted Check if None

Senate
House of Representatives
Dept. of Health and Human Services

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

Name	Covered Official Position (if applicable)	New
<u>John F. Teoy, Consultant</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature  Date 1/25/00

Printed Name and Title John F. Teoy, Consultant

