Go to 'Fo:

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

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

06 FEB 17 PM 1: 04

## **LOBBYING REPORT**

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

Organization Regence BlueCross BlueShield of	^₽	
	O11	
Address 1 PO Box 1271	200 SW Market St	reet M/S F12A
City Portland State		Country USA
	• ****	•
3. Principal place of business (if different than line 2)		
100100100100101010101010100100100100100	Zip Code Zip or Country	Country
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#
Mrs. Pam Jodock 503-225-6982 pkjc	doc@regence.com	87756-12
7. Client Name Self  Regence BlueCross BlueShield of OR		6. House ID#
regence blue cross blue onleid of Oh		36623000
INCOME OR EXPENSES - Complete Either Line  12. Lobbying Firms	12 OR Line 13  13. Organ	
INCOME OR EXPENSES - Complete Either Line		
INCOME relating to lobbying activities for this reporting period	1	
was:	EXPENSES relating to lobbying ac	
was.	were:	ctivities for this reporting
Less than \$10,000	were: Less than \$10,000	ctivities for this reporting
_	_	
Less than \$10,000  \$10,000 or more  \$\Bigsir \\$  Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	Less than \$10,000	eck box to indicate expen
Less than \$10,000  \$10,000 or more  \$\Boxed{\sigma} \\$  Provide a good faith estimate, rounded to the nearest \$20,000,	Less than \$10,000 \times \$ \$10,000 or more \to \$ \$14. REPORTING METHOD. Ch accounting method. See instruction \times Method A. Reporting amour Method B. Reporting amour	eck box to indicate expens for description of option ats using LDA definitions onlust under section 6033(b)(8) of the content
Less than \$10,000  \$10,000 or more  \$\Bigsir \\$  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	Less than \$10,000 \times \$ \$10,000 or more \to \times \$ \$14. REPORTING METHOD. Ch accounting method. See instruction \times Method A. Reporting amour Internal Revenue	eck box to indicate expenses for description of option ats using LDA definitions only the under section 6033(b)(8) of the section 6033(b) of the section 6033(b)(8) of the section 6033(b)(8) of the sec
Less than \$10,000  \$10,000 or more  \$\Bigsir \\$  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	Less than \$10,000 \times \$10,000 or more	eck box to indicate expenses for description of options using LDA definitions only the under section 6033(b)(8) of Code
Less than \$10,000  \$10,000 or more  \$\Bigsir \\$  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	Less than \$10,000 \times \$10,000 or more	eck box to indicate expenses for description of options using LDA definitions only under section 6033(b)(8) of Code

(J) E.J. Ln N 8000 ٧

Michael S. Becker, Director, Public Policy and Community Affairs

Registrant Name	Regence Blue	Cross BlueS	shield of OR	_ Client Name	Regence BlueCross BlueShield of OR
engaged in lob	bying on beha	lf of the cl		porting period.	et the general issue areas in which the re Using a separate page for each code,
15. General iss	sue area code	BUD - Bud	lget/Appropriatior	s	(one per page)
16. Specific lo	bbying issues				
S1932 "De	ficit Reduction	Act of 200	5" Sections relatir	ng to Medicare F	unding/Medicare Advantage.
1	of Congress and epresentatives	d Federal a	agencies contacte	cd Check i	f None
18. Name of e	Name		l as a lobbyist in		ed Official Position (if applicable)
Pamela	Jodock		Mrs.		
•••••					
		***************************************			·
***************************************	•••••••••••••••••••••••••••••••••••••••	***************************************			
		***************************************	,,,		
19. Interest of	each foreign e	entity in the	e specific issues	listed on line 16	above Check if None

Page 2

Registrant Name	Regence BlueCross Blue	Shield of OR	Client Name	Regence BlueCross BlueShield of OR
engaged in lobl		lient during the re	eporting period. I	t the general issue areas in which the re Using a separate page for each code,
15. General iss	ue area code HCR - H	ealth Issues		(one per page)
16. Specific lob	bying issues			
Care Choice	e Act of 2005"; Health in Modernization and Afford	nformation Techno	logy; Insurance N	ess Act of 2005"; HR 2355 "Health Market Reform: S1955 "Health th information Technology
17. House(s) of	f Congress and Federal	agencies contact	ed Check if	None
House of Rep Senate	orsentatives			
18 Name of ea	ch individual who acte	ed as a lobbwist in	this issue area	
	Name	·	1	l Official Position (if applicable)
First Name Pamela	Last Name <b>Jodock</b>	Suffix <b>Mrs</b> .		
***************************************			•	
•••••••••••••••••••••••••••••••••••••••			····	
····			***************************************	1
***************************************	••••••			
				<u> </u>
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
19. Interest of e	each foreign entity in the	ne specific issues	listed on line 16	above Check if None

Page 3

Registrant Name_	Regence BlueCross Blu	eShield of OR	Client Name	Regence BlueCross BlueShield of OR
engaged in lobby	CTIVITY. Select a ying on behalf of the equested. Attach add	client during the re	eporting period.	et the general issue areas in which the re Using a separate page for each code,
15. General issue	e area code MMM - M	Medicare/Medicaid	<u> </u>	(one per page)
16. Specific lobb	ying issues	·		
	edicare Advantage; M			
17. House(s) of ( House of Represented	Congress and Federa esentatives	l agencies contacte	ed Check if	None
18. Name of each	h individual who acto	ed as a lobbyist in		d Official Position (if applicable)
First Name Pamela	Last Name Jodock	Suffix <b>Mrs</b> .	0010101	a Official Lossion (11 applicable)
	······································			
»·····································		***************************************	***************************************	
	•••••••••••••••••••••••••••••••••••••••			
			***************************************	·
19. Interest of ea	ch foreign entity in the	he specific issues	listed on line 16	above 🔀 Check if None

N 000008255

Page \_4\_\_0