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LOBBYING REPORT

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

1. Registrant Name <i>Sullivan & Baldick</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>1455 Pennsylvania Avenue, NW Suite 300</i>			
3. Principal Place of Business (if different from line 2) City: <i>Washington</i> State/Zip (or Country) <i>DC 20004</i>			
4. Contact Name <i>Elizabeth Cantrell</i>	Telephone <i>202 347-9848</i>	E-mail (optional)	5. Senate ID # <i>72111-1</i>
7. Client Name <input type="checkbox"/> Self <i>Blue Cross Blue Shield</i>			6. House ID # <i>35940-1</i>

TYPE OF REPORT 8. Year 2003 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

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

\$10,000 or more ⇨ \$ 120,000
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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more ⇨ \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of

Method A. Reporting amounts using LDA definition

Method B. Reporting amounts under section 6033 Internal Revenue Code

Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature *Naime S*
Filing #8740dd2d-64d0-4328-8815-bcf9fa7ef5f2 - Page 1 of 6

Printed Name and Title Laurie Sullivan, President

LD-2 (REV. 6/98)

PA

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Registrant Name Sullivan & Baldick Client Name Blue Cross Blue Shield

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide the following information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Prescription Drug & Medicare Improvement Act of 2001
Healthcare Legislation for the Uninsured
Tort Liability 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)
Laurie Sullivan	

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

Signature Laurie Sullivan Date February 13, 2001

Printed Name and Title Laurie Sullivan, President

Form LD-2 (Rev. 6/98)

Page __

Registrant Name Sullivan & Baldick Client Name Blue Cross Blue Shield

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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 Business (city and state or country)

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	C p c

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

Signature

Liamie S.

Date

February 13, 2013

Signature _____

Printed Name and Title Launie Sullivan, President

Form LD-2 (Rev. 6/98)

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