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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

OS AUG 18 PM 12: 38

LOBBYING REPORT

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

1. Registrant Name			•	
Blue Cross & Blue S	Shield of Mississippi			
2. Address	ifferent than previously reported			
P.O. Box 1043, Jacks	son, MS 39205-01043			
3. Principal Place of Business (if o	lifferent from line 2)			
same	Pa-a-1-i-	(c. Cin An)		
City: 4. Contact Name	Siate/Zip Telephon e	(or Country) E-mail (optional)	5. Senate ID #	
Charles Pace	(601) 664-5026	cdpace@bcbsms.com	6427	
7. Client Name Self			6. House ID #	
same	·		33829000	
10. Check if this is a Termin	PENSES - Complete Either	er Line 12 OR Line 13	11. No Lobbyin	
12. Lo	bbying Firms	13. Org	ganizations	
INCOME relating to lobby period was:	ving activities for this reporting	EXPENSES relating to lobbying period were:	activities for this report	
Less than \$10,000 🗖		Less than \$10,000 🗹		
\$10,000 or more		\$10,000 or more		
1.7 Paraga	meente (neutest \$20,000)		Expenses (nearest \$20,000)	
	te, rounded to the nearest \$20,000, ome from the client (including all	14. REPORTING METHOD. Check box to indicate exaccounting method. See instructions for description of o		
payments to the registrant activities on behalf of the control	by any other entity for lobbying	Method A. Reporting amor	unts using LDA definition	
activities on behalf of the C	nent).	☐ Method B. Reporting amount of the Communication ☐ Method B. Reporting a more of the Communication ☐ Method B. Report of the Communication ☐ Met	unts under section 6033(ue Code	
		Method C. Reporting amore Internal Revenue		
- 1 /-	0		, , , , , , , , , , , , , , , , , , , ,	
Signature Choka	u	Date 2/0	7/05	
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O

Printed Name and Title

LD-2 (REV. 4/03)

PAGE 1 of

15. General issue area cod	le INS (one per p	page)	
16. Specific lobbying issu	es		
-	-		
HR 525 S 406			
	· · · · · · · · · · · · · · · · · · ·		
17. House(s) of Congress	and Federal agencies contac	ted	if None
House / Senate		ed Cricck	II None
'	·		
Charles Pace			ed Official Position (if applicable
		·	

		1	***************************************
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· · · · · · · · · · · · · · · · · · ·			
			······································
			☐ Check if None

Client Name ___

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which th

same

Registrant Name Blue Cross & Blue Shield of Mississippi

(3)

Form LD-2 (Rec. 4/03)

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