

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
2/08/06
DATE

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

LOBBYING REPORT

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

1. Registrant name			
Organization	Nueva Vista Group, LLC		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address1	1801 K Street, NW	1000L	
City	Washington	State DC	Zip Code 20006 Country USA
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
City	State/Zip or Country		
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Ms.	Stacyann White	202-530-0175	stacyann.white@nuevavistagroup.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Blue Cross/Blue Shield Association			76833-12
			6. House ID #
			35960001

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	
12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>60,000</u>	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option
	<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

Form CD

Printed Name and Title Stacyann White, Office Assistant

3000161892

Go to

Registrant Name Nueva Vista Group, LLC Client Name Blue Cross/Blue Shield Association

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code 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*

Develop Congressional Support/ work on issues related to Association Health Plans.

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

House/Senate

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for th*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Marla	Echaveste		Principal
Irene	Bueno		Principal
Andrea	LaRue		Principal
Patricia	Griffin		Senior Associate

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

Add a page for a differs

Printed Name and Title Stacyann White, Office Assistant

0000161893

Go to F

Registrant Name Nueva Vista Group, LLC Client Name Blue Cross/Blue Shield Association

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

Suf

1

3

2

4

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

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

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

1

3

5

2

4

6

Add a page for more up

Printed Name and Title Stacyann White, Office Assistant

3000161894

