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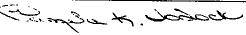
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## **LOBBYING REPORT**

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

1. Registrant name	7. d
Organization Regence BlueCross BlueShield of C	ORAC HIJO I I JAMAS AAA TII BAY II II AA TAG
2. Address Check if different than previously reported	
Address PO Box 1271	200 SW Market Street M/S E12A
City Portland State (	
3. Principal place of business (if different than line 2)	
Ġ.	Zip Code Country
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail 5. Senate ID#
Mrs. Pam Jodock 503-225-6982 pkjo	odoc@regence.com
7. Client Name Self Regence BlueCross BlueShield of OR	6. House ID#
INCOME OR EXPENSES - Complete Either Line 1 12. Lobbying Firms	***************************************
12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period	13. Organizations  EXPENSES relating to lobbying activities for this reporting p
was:	were:
Less than \$10,000 [	Less than \$10,000 ×
\$10,000 or more	\$10,000 or more
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions only  Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code
•	Method C. Reporting amounts under section 162(e) of the Revenue Code
	Form Com

Printed Name and Title Pamela K. Jodock, Manager, Legislative Affairs



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15. General issu	ne area code HCR	- Health Issues	· · · · · · · · · · · · · · · · · · ·	(one per page)	
6. Specific lobbying issues		Add page to continue specific issues description for this issue			
Small Busine	Health Plans (HR 5 ess Health Fairnes Choice Act of 2005	s Act of 2005 (S406)			
7. House(s) of	Congress and Fed	eral agencies contact	ted Check	if None	
House of Re Senate	presentatives				
8. Name of eac	h individual who Name Last Name	acted as a lobbyist in	ı	Add a page to continue additing lobbyists ed Official Position (if applicable)	
First Name Pamela	Name		ı	·	
First Name Pamela	Name Last Name Jodock	Suffix	ı	,	
First Name Pamela	Name Last Name Jodock	Suffix	ı	,	
First Name Pamela	Name Last Name Jodock	Suffix	ı	,	
First Name Pamela	Name Last Name Jodock	Suffix	ı	,	
First Name Pamela	Name Last Name Jodock	Suffix Mrs.	Covere	,	

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miormanon Opua	te Page -	- Complete ONLY	Y where re	gistration info	rmation ha	s changed	l <b>.</b>
20. Client new address			,				
Address			•			• •	
City			State .	Zip Code		Country	
21. Client new principal	place of bus	siness (if different than	n line 20)				
City			State	Zip Code		Country	
22. New general descript	tion of clien	t's business or activition	es			: *	• .
LOBBYIST UPDAT						<u> </u>	
23. Name of each prev	iously repo Last Nam	orted individual who	is no longe	r expected to act	as a lobbyis		ent s
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			4		:	•	
<b>-</b>			<u> </u>				
ISSUE UPDATE	<del></del> -			Find the code to	select belov	<b>V.</b>	
24. General lobbying is	ssues that n	o longer pertain		, 1145, <del>1</del> 17, 117, 1			
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