

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

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**LOBBYING REPORT**

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

1. Registrant name			
Organization		Cassidy & Associates, Inc.	
2. Address <input type="checkbox"/> Check if different than previously reported			
Address1		Suite 400	
City		State	Zip Code
Washington		DC	20005
Country USA			
3. Principal place of business (if different than line 2)			
City		State	Zip Code
		State/Zip or Country	Country
4a. Contact Name		b. Telephone number	
Prefix	Full Name	c. E-mail	
Mr.	James F. Hirni	202-585-2417	
		compliance@cassidy.com	
7. Client Name		<input type="checkbox"/> Self	
Blue Cross Blue Shield Association			
		5. Senate ID #	
		8453-7692	
		6. House ID #	
		30223509	

**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**

<p align="center"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>80,000</u></p> <p>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).</p>	<p align="center"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form Com

Printed Name and Title Gregory M. Gill, Executive Vice President & General Counsel



Client Name **Blue Cross Blue Shield Association**

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

Add page to continue specific issues description for this issue

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

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

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

Add a page for a different

Filing #e76b221c-538e-4b97-9335-8e680abafdaa - Page 3 of 6

65210000



Registrant Name Cassidy & Associates, Inc.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

Suffix

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	City
	C/S/Z	State
	Address	City
	C/S/Z	State
		Country

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	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owner per client
	City	State/Province Country	City		
			State		
			Country		

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

1

3

5

2

4

6

Add a page for more updates

Printed Name and Title Gregory M. Gill, Executive Vice President & General Counsel

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