

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

SECRETARY C
05 OCT 19

LOBBYING REPORT

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

1. Registrant name			
Organization		Blue Cross Blue Shield of Georgia	
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1 3350 Peachtree Road, NE			
City Atlanta		State GA	Zip Code 30326
			Country US
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	c. E-mail
Prefix	Full Name		
Mr.	Charles E. Harman	404-842-8980	charman@bcbsga.com
7. Client Name		5. Senate ID #	
<input checked="" type="checkbox"/> Self		6405-1	
Blue Cross Blue Shield of Georgia		6. House ID #	
		3325700	

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) ☒ OR Year End (July 1-December)

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 Acti

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

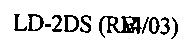
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000</u></p> <p>14. REPORTING METHOD. Check box to indicate exper accounting method. See instructions for description of optio</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions onl</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of th Revenue Code</p>
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Form Con

Printed Name and Title Charles E. Harman, Vice President

Charles E. Harman





4/11/14

Registrant Name Blue Cross Blue Shield of GeorgiaClient Name Blue Cross Blue Shield of Georgia**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 UPDATE23. 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

1

3

2

4

ISSUE UPDATE24. 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	Country
	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)	Amount of contribution for lobbying activities	Own percentage of client
			City		
			State		
			Country		

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 Charles E. Harman, Vice President
