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Clerk of the House of Representatives Secretary of the Senate Office of Public Records Legislative Resource Center B-106 Cannon Building 232 Hart Building Washington, DC 20510 Washington, DC 20515

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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 Trammell and Company		11 01 01 12	
2. Address Check if different than previously reported			
Address 1 1220 19th Street, NW	Suite 804		
City Washington State D	C Zip Code 20036	Country US	
3. Principal place of business (if different than line 2)		,	
City State City State/Zi	Zip Code ip or Country	Country	
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#	
Mr. Jason Eberstein		84478-36	
7. Client Name Self  Blue Cross Blue Shield of Florida		6. House ID# 3651000t	
9. Check if this filing amends a previously filed version of this report  10. Check if this is a Termination Report   ⇒ Termination Date  INCOME OR EXPENSES - Complete Either Line 1		11. No Lobbying Activ	
12. Lobbying Firms	13. Organi	zations	
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting 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 payments to the registrant by any other entity for lobbying activities on behalf of the client).	14. REPORTING METHOD. Check box to indicate expe accounting method. See instructions for description of optic Method A. Reporting amounts using LDA definitions or Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code  Method C. Reporting amounts under section 162(e) of t		
	Revenue Code	Form Co	

Printed Name and Title Jason Eberstein - Vice President

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Registrant Name Trammell and Company	Client Name Blue Cross Blue Shield of Florida
LOBBYING ACTIVITY. Select as many codes as nece engaged in lobbying on behalf of the client during the repoinformation as requested. Attach additional page(s) as necessary to the control of the client during the repoinformation as requested.	rting period. Using a separate page for each code
15. General issue area code MMM - Medicare/Medicaid	(one per page)
16. Specific lobbying issues	ld page to continue specific issues description for this issue
Medicare issues regarding provider/ contractor funding a legislation.	and Association Health Plans. No specific
17. House(s) of Congress and Federal agencies contacted	Check if None
House and Senate	- - - - - -
18. Name of each individual who acted as a lobbyist in thi	s issue area Add a page to continue additing lobbyists for the
Name First Name Last Name Suffix  Jeff Trammell	Covered Official Position (if applicable)
Jason S. Eberstein	
	; t,
	4
	# P
	- 1 - 1 - 2 - 3 - 8 - 8
19. Interest of each foreign entity in the specific issues list	ed on line 16 above Check if None
	Add a page for a differe
Printed Name and Title Jason Fherstein - Vice Preside	n/2

Registrant Name Tram	Registrant Name Trammell and Company			Client Name Blue Cross Blue Shield of Florida			
<b>Information Up</b>	date Page -	Complete ONLY w	vhere re	gistration info	rmation has cha	nged.	
20. Client new addres			<del></del>				
Address							
City		***************************************	State	Zip Cod	e (	Country	
21. Client new princi	ipal place of busin	ness (if different than lin	ne 20)			,,	
City			State	Zip Code	le Country		
22. New general desc	cription of client's	s business or activities				: 1	
LOBBYIST UPD	ATE		<del></del>			Į.	
	reviously report	ted individual who is	no longe			ne client	
1 Matthew	Last Name Hodges	Suffix	3	First Name	Last Name	Suf	
2	7.22 <b>9</b> 24		_			<u> </u>	
2			4			k	
ISSUE UPDATE	<del>"</del>			Find the code to	select helow	11	
24. General lobbyir	ng issues that <b>no</b>	longer pertain		Tilla tilo code ti	S SCICOL DEIOW.		
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AFFILIATED O	DCANIZATI	ONG				11	
25. Add the following							
Nan			Address		Principal place	e of Rusiness	
	ivane				(city and state	or country	
Address C/S/Z		Address			City	1	
					State Country		
	Address C/S/Z			Ţ	City State		
26 Name of each n	ravianelu ranari		a = a la = a	2601: 4		1.	
	reviously report	ed organization that i	s no tong	·	-	nent	
		2		3	J	.1 20 20 20	
FOREIGN ENTI	<del>=</del>			-			
27. Add the following	ng foreign entiti		1				
Name	Street Address	Address		al place of business nd state or country)	Amount of contribut for lobbying activity	ies perce	
	City	State/Province Country				client	
			City			ļ. ķ	
			State	Country		];	
28. Name of each pre affiliated organizated	viously reported	foreign entity that no lo	nger own	s, <u>or</u> controls, <u>or</u> i	s affiliated with the r	registrant, c	
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Printed Name and Tit	le Jason Ebe	rstein - Vice Presid	dent	1/		12/21	
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