

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

HEALTHY
 SECRETARY OF THE SENATE

99 AUG 16 AM 9:08

LOBBYING REPORT **FILED**

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

1. Registrant Name BLUE CROSS BLUE SHIELD OF GEORGIA				
2. Address <input type="checkbox"/> Check if different than previously reported 3350 PEACHTREE ROAD, NE. ATLANTA, GEORGIA 30326				
3. Principal Place of Business (if different from line 2) City: SAME State/Zip (or Country)				
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #	
CHARLES E. HARMAN	404.842.8980	charman@bcbs-ga.com	6405-12	
7. Client Name <input checked="" type="checkbox"/> Self				6. House ID # 33257000

TYPE OF REPORT 8. Year 1999 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>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"/> ⇒ \$ _____ <small>Income (nearest \$20,000)</small></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 period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>40,000.00</u> <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature _____
 Printed Name and Title CHARLES E. HARMAN - Vice President Public Affairs
 LD-2 (REV. 6/98) PAGE 1 of 5

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

SEE ATTACHED PAGE 3

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

SENATE
 HOUSE OF REPRESENTATIVES

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
CHARLES E. HARMAN		<input type="checkbox"/>
AMY M. OWEN		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____ Date _____

Printed Name and Title CHARLES E. HARMAN - Vice President Public Affairs

REGISTRANT: BLUE CROSS BLUE SHIELD OF GEORGIA Client Name: self

Line 16: Specific Lobbying Issues

H.R. 216	ACCESS TO QUALITY CARE ACT OF 1999 <i>Medical Outcome Measurement & Improvement/PPOs/Quality Liability Managed Care (reform)</i>
H.R. 358/S. 6	THE PATIENTS' BILL OF RIGHTS ACT OF 1999 <i>Medical Outcome Measurement & Improvement/PPOs/Quality Liability Medical Necessity Managed Care (reform)</i>
H.R. 448	PATIENT PROTECTION ACT OF 1999 <i>Managed Care (reform) MEWAs/AHPs/HealthMarts</i>
H.R. 448	SMALL BUSINESS AFFORDABLE HEALTH COVERAGE ACT <i>MEWAs/AHPs/HealthMarts</i>
H.R. 448	HEALTH CARE CONSUMER EMPOWERMENT ACT OF 1999 <i>MEWAs/AHPs/HealthMarts</i>
H.R. 1136	AFFORDABLE HEALTH CARE ACT OF 1999 <i>MEWAs/AHPs/HealthMarts</i>
H.R. 1496/ H.R. 2047	SMALL BUSINESS ACCESS & CHOICE FOR ENTREPRENEURS ACT OF 1999 <i>MEWAs/AHPs/HealthMarts</i>
H.R. 1687	PATIENTS' HEALTH CARE CHOICE ACT OF 1999 <i>MEWAs/AHPs/HealthMarts</i>
H.R. 2089	GROUP HEALTH PLAN REVIEW STANDARDS ACT OF 1999 <i>Managed Care (reform)</i>
S. 374	PROMOTING RESPONSIBLE CARE ACT <i>Medical Outcome Measurement & Improvement/PPOs/Quality Medical Necessity Managed Care (reform)</i>
H.R. 719/S. 719	MANAGED CARE REFORM ACT OF 1999 <i>Medical Outcome Measurement & Improvement/PPOs/Quality Liability Medical Necessity Managed Care (reform)</i>

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Registrant Name BLUE CROSS BLUE SHIELD OF GEORGIA Client Name self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code INS (one per page)

16. Specific lobbying issues

NO ACTIVITY

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

Name	Covered Official Position (if applicable)	New
NO ACTIVITY		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____ Date _____

Printed Name and Title CHARLES E. HARMAN - Vice President Public Affairs

Registrant Name BLUE CROSS BLUE SHIELD OF GEORGIA Client Name self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Medicare/various issues

Medicare Contractor Reform
Medicare Reform
Medicare+Choice regulations
H.R. 2356 MEDICARE PATIENT APPEALS ACT of 1999

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

SENATE
HOUSE OF REPRESENTATIVES

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
CHARLES E. HARMAN		<input type="checkbox"/>
AMY M. OWEN		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature Charles E. Harman Date August 12, 1999

Printed Name and Title CHARLES E. HARMAN - Vice President Public Affairs

[REDACTED]

[REDACTED]

[REDACTED]

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 OFFICE OF THE CLERK OF THE SENATE

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LOBBYING REPORT

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

1. Registrant Name <u>Tri-City Industrial Development Council</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>901 N Colorado</u>			
3. Principal Place of Business (if different from line 2) City: <u>Kennecott</u> State/Zip (or Country) <u>WA 99336</u>			
4. Contact Name <u>Susan Volk</u>	Telephone <u>(509) 735-1000</u>	E-mail (optional) <u>svolk@out.com</u>	5. Senate ID # <u>38498-12</u>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #

TYPE OF REPORT 8. Year 1999 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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Signature: Susan K Volk
 Printed Name and Title: Susan K Volk Director of Finance

Registrant Name # 32498 Client Name Tri-City Industrial Development Council

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific lobbying issues

new programs @ missions for Hanford Reservation

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

Dept of Energy, House of Rep & Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
Sam Volpentes	Exec. V.P.	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature Susan K Volk Date 8/12/99

Printed Name and Title SUSAN K VOLK, DIRECTOR OF FINANCE