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

05 FEB 14 PM 4:46

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 02-01-0

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Organization Powell Goldstein, LLP

Address 901 New York Avenue, NW Third Floor

City Washington State DC Zip 20001 U

4. Principal place of business (if different than line 3)

City State Zip

5. Telephone number and contact name Prefix Full Name

202-624-3976 Contact Ms. Cynthia E. Berry E-mail cberry@pogolaw.com

6. General description of registrant's business or activities

Law Firm

CLIENT

*A **Lobbying firm** is required to file a separate registration for each client. **Organizations employing in-house lobbyists** should check the box labeled "Self" and proceed to line 10.* ☐ *Self*

7. Client name Blue Shield of California

Address 50 Beale Street

City San Francisco State CA Zip 94105 Country

8. Principal place of business (if different than line 7)

City State Zip Country

9. General description of client's business or activities

Health Plan

LOBBYISTS

Go to page 3 to add more

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of filing as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name First	Name Last	Name Suffix	Covered Official Position (if applicable)
Cynthia E.	Berry		
Alan	Parver		
Jason	Dedwylder		

Registrant Name Powell Goldstein, LLP Client Name Blue Shield of California

LOBBYING ISSUES

Find the code to select below.

Go to page 3 to add more lobby

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, p

HCR MMM

12. Specific lobbying issues (current and anticipated)

Medicare Prescription Drug Benefit
TRICARE
Association Health Plans
Insurance Regulation; Medicaid Reform

AFFILIATED ORGANIZATIONS

Go to page 3 to add more org

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant in a semiannual period **and** in whole or in major part plans supervises or controls the registrant's lobbying activities?

☐ No ⇨ Go to line 14. ☐ Yes ⇨ Complete the rest of this section for each entity matchin criteria above, then proceed to line 14.

Name	Address	Principal place of Busine (city and state or count

FOREIGN ENTITIES

Go to page 3 to add more fore

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13: **or**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes a the client or any organization identified on line 13: **or**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome lobbying activity?

☐ No ⇨ Sign and date the registration. ☐ Yes ⇨ Complete the rest of this section for each enti matching the criteria above, then sign and dat registration.

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

Form Co

Printed Name and Title Cynthia E. Berry, Partner February 14, 2005

Go

Registrant Name Powell Goldstein, LLP Client Name Blue Shield of California

ADDITIONAL LOBBYISTS

Return to page 2 to finish

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name			Covered Official Position (if applicable)
First	Last	Suffix	

ADDITIONAL LOBBYING ISSUES

Return to page 2 to finish

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

AFFILIATED ORGANIZATIONS

Return to page 2 to finish

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, numb

Name	Address	Principal place of Busine (city and state or count

ADDITIONAL FOREIGN ENTITIES

Return to page 2 to finish

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	perc

Printed Name and Title Cynthia E. Berry, Partner

February 14, 2005