

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 Douglas J. Franzen			
2. Address <input type="checkbox"/> Check if different than previously reported 33 South Sixth Street, Suite 4900			
3. Principal Place of Business (if different from line 2) City: Minneapolis State/Zip (or Country) MN 55402 USA			
4. Contact Name Douglas J. Franzen	Telephone 612-340-7902	E-mail (optional) dfranzen@riderlaw.com	5. Senate ID # 55382-12
7. Client Name <input type="checkbox"/> Self Blue Cross Blue Shield of Minnesota			6. House ID # 35875000

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

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 Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms
INCOME relating to lobbying activities for this reporting period was:
Less than \$10,000 ☒
\$10,000 or more ☐ ⇒ \$ _____
Income (nearest \$20,000)

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).

13. Organizations
EXPENSES relating to lobbying activities for this re period were:
Less than \$10,000 ☐
\$10,000 or more ☐ ⇒ \$ _____
Expenses (nearest \$20,

14. REPORTING METHOD. Check box to indica accounting method. See instructions for description c

- ☐ Method A. Reporting amounts using LDA defin
- ☐ Method B. Reporting amounts under section 60 Internal Revenue Code
- ☐ Method C. Reporting amounts under section 16 Internal Revenue Code

Signature

Signature

Printed Name and Title

Douglas J. Franzen

LD-2 (REV. 6/98)

Registrant Name Douglas J. Franzen Client Name Blue Cross Blue Shield of Minne

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

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

16. Specific lobbying issues

Patient's Bill of Rights

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
Douglas J. Franzen	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature

Date

7-14-05

Printed Name and Title Douglas J. Franzen

Form LD-2 (Rev.6/98)

Page

Registrant Name Douglas J. Franzen Client Name Blue Cross Blue Shield of Minn

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or 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

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or co

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

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

Signature

Date

11-14-2011

Signature _____ Date _____

Printed Name and Title Douglas J. Franzen

Form LD-2 (Rev. 6/98)

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