CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

Date Received
Official Use Only

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Belshe	S.	Kimberly	(916) 654-3724
MAILING ADDRESS (May use business address) STREET	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
835 Santa Ynez Way	Sacramento	CA 95816	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
California Health and Human Services Agency

Division, Board, District, if applicable:

Your Position:
Agency Secretary

➡ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See Attachment

Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- [x] State
- [ ] County of _____
- [ ] City of _____
- [ ] Multi-County _____
- [ ] Other _____

3. Type of Statement *(Check at least one box)*

- [ ] Assuming Office/Initial Date: ___/___/___
- [x] Annual: The period covered is January 1, 2004, through December 31, 2004.

-or-

- ○ The period covered is ___/___/___, through December 31, 2004.

- [ ] Leaving Office Date Left: ___/___/___ (Check one)
  - ○ The period covered is January 1, 2004, through the date of leaving office.

-or-

  - ○ The period covered is ___/___/___, through the date of leaving office.
- [ ] Candidate

4. Schedule Summary
(Check applicable schedules or "No reportable interests.")

➡ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 [x] Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 [ ] Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B [ ] Yes – schedule attached
Real Property

Schedule C [ ] Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D (Eliminated – report loans on Schedule C)

Schedule E [x] Yes – schedule attached
Income – Gifts

Schedule F [ ] Yes – schedule attached
Income – Travel Payments

-or-

➡ [ ] No reportable interests on any schedule

Total number of pages completed including this cover page: _____

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/28/05 (month, day, year)

Signature [redacted] your filing official.)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
S. Kimberly Belshe

➤ NAME OF BUSINESS ENTITY
American Express

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Credit Card

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 04 ACQUIRED ___/___/ 04 DISPOSED

➤ NAME OF BUSINESS ENTITY
Smith Barney Fundamental Value Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Open-ended Mutual Fund

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Mutual Fund (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 04 ACQUIRED ___/___/ 04 DISPOSED

➤ NAME OF BUSINESS ENTITY
Safeway

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Food

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 04 ACQUIRED ___/___/ 04 DISPOSED

➤ NAME OF BUSINESS ENTITY
Capitol & Income Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Open-ended Mutual Fund

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Mutual Fund (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 04 ACQUIRED ___/___/ 04 DISPOSED

➤ NAME OF BUSINESS ENTITY
Ericsson Wireless Communication

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 04 ACQUIRED ___/___/ 04 DISPOSED

➤ NAME OF BUSINESS ENTITY
Tyco

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Conglomerate

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 04 ACQUIRED ___/___/ 04 DISPOSED

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
S. Kimberly Belshe

➤ NAME OF BUSINESS ENTITY
Cisco

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology

FAIR MARKET VALUE
- [X] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [X] Stock
- [ ] Other _____ (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 04 ACQUIRED ___/___/ 04 DISPOSED

➤ NAME OF BUSINESS ENTITY
Smith Barney Aggressive Growth

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Open-ended Mutual Fund

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [X] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [X] Other Mutual Fund (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 04 ACQUIRED ___/___/ 04 DISPOSED

➤ NAME OF BUSINESS ENTITY
_____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
_____

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 04 ACQUIRED ___/___/ 04 DISPOSED

➤ NAME OF BUSINESS ENTITY
_____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
_____

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 04 ACQUIRED ___/___/ 04 DISPOSED

➤ NAME OF BUSINESS ENTITY
_____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
_____

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)

IF APPLICABLE, LIST DATE:
___/___/ 04 ACQUIRED ___/___/ 04 DISPOSED

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE E
Income – Gifts

➤ NAME OF SOURCE
PhRMA
ADDRESS
980 9th Street, Suite 2200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pharmaceutical Research Manufacturers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 04	$ 67.76	Food and Beverage
/ /	$	
/ /	$	

➤ NAME OF SOURCE
The Perry Communications Group
ADDRESS
925 L Street, Suite 870, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 29 / 04	$ 50.00	Cooler/Grill
/ /	$	
/ /	$	

➤ NAME OF SOURCE
California Chamber of Commerce
ADDRESS
1215 K Street, Suite 1400, Sacramento, CA 95812
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 03 / 04	$ 55.90	Food and Beverage
/ /	$	
/ /	$	

➤ NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

➤ NAME OF SOURCE
A.G. Spanos Companies
ADDRESS
1341 W. Robinhood Drive, Stockton, CA 95207
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 15 / 04	$ 50.00	Tickets/Sporting Event
/ /	$	
/ /	$	

➤ NAME OF SOURCE
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments:

(continued)
Statement of Economic Interests
Cover Page

S. Kimberly Belshé

OFFICE, AGENCY OR COURT

1. Children and Families Commission (aka) Prop 10 Commission Member
2. County Medical Services Program (CSP) Government Board, Member
3. Food Biotechnology Task Force, Member
4. Managed Risk Medical Insurance Board (MRMIB), Member
5. Rural Policy Task Force, Member
6. State Council on Developmental Disabilities, Member
7. State Mental Health Planning Council, Member
8. California Workforce Investment Board, Member