LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 01/20/04
R01.2004
V#21530
$110.00 WY

1060188

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Knight, Sharon J.
   Last First MI

2. BUSINESS PHONE 225-763-8500
   Area Code and Phone Number

3. BUSINESS ADDRESS 6767 Perkins Road, Suite 100, Baton Rouge, LA 70808
   Street and No. City State Zip

   MAILING ADDRESS 6767 Perkins Road, Suite 100, Baton Rouge, LA 70808
   Street and No. City State Zip

4. EMPLOYER Louisiana State Medical Society

5. EMPLOYER'S ADDRESS 6767 Perkins Road, Suite 100, Baton Rouge, LA 70808
   Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

   1. Name Louisiana State Medical Society

      Address 6767 Perkins Road, Suite 100, Baton Rouge, LA 70808

      Business or purpose trade association for physicians

      Does this person pay you? yes

      If No, who pays you? _____

RECEIVED
2004 JAN 20 PM 1:04

Form 600, Rev. 10/2002

HAND DELIVERED

LOBBYING REGISTRATION FORM

2. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

3. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

4. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

Form 600, Rev. 10/2002