LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

112
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12-12-06
Ren 2007
V# 008852
$110
Wmi

1061633

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 Finn (Last) John (First) J. (MI)

2. BUSINESS PHONE (504) 837-1171 (Area Code and Phone Number)

3. BUSINESS ADDRESS 2450 Severn Ave., Ste. 210 (Street and No.) Metairie (City) LA (State) 70001 (Zip)

MAILING ADDRESS Same (Street and No.) (City) (State) (Zip)

4. EMPLOYER Metropolitan Hospital Council

5. EMPLOYER'S ADDRESS Same (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 Metropolitan Hospital Council

Address 2450 Severn Ave., Ste. 210, Metairie, LA 70001

Business or purpose Non-profit

Does this person pay you? yes

If No, who pays you? _____

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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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.

John J. Finn

Signature of Lobbyist

Approved by:_____

Date Approved:_____

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04323
11044

Form 500, Rev. 10/20 DEC - 6 [illegible]

____ SHC ✓ MHC NO ____ MHC

Account # 52109/5306

Amount: $110.00

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