EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2005

(Fill in year)

FOR OFFICE USE ONLY
Postmark Date: 03/24/05
Reg. 2005
J# 9770
$110.00 wr

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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 Spencer (Last) Adriane (First) _____ (MI)

2. BUSINESS PHONE (504) 866-0990 (Area Code and Phone Number)

3. FAX NUMBER (504) 866-3991

4. BUSINESS ADDRESS 7516 Jeannette Street (Street and No.) New Orleans (City) Louisiana (State) 70118 (Zip)

MAILING ADDRESS 7516 Jeannette Street (Street and No.) New Orleans (City) Louisiana (State) 70118 (Zip)

5. EMPLOYER AstraZeneca Pharmaceuticals LP

6. EMPLOYER'S ADDRESS 6568 Oasis Drive (Street and No.) Loveland (City) Ohio (State) 45140 (Zip)

7. 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 AstraZeneca Pharmaceuticals LP

Address 6568 Oasis Drive Loveland, Ohio 45140

Business or purpose Pharmaceutical manufacturer

Does this person pay you? Yes

If No, who pays you? _____

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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EXECUTIVE 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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Lobbyist