EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2006

(Fill in year.)

Executive Lobbyist Registration

FOR OFFICE USE ONLY
Postmark Date: 01/30/06
Reg. 2006
J# 21530
$110.00 WR

3060017

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, (Last) Sharon (First) J. (MI)

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

3. FAX NUMBER 225-763-9881

4. 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)

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5. EMPLOYER Louisiana State Medical Society

6. EMPLOYER'S ADDRESS 6767 Perkins Road, Suite 100, Baton Rouge, LA 70808 (Street and No. / City / State / 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 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?

HAND DELIVERED

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist 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

ATTACH
2" x 2"
PHOTOGRAPH
HERE