

**EXECUTIVE LOBBYING
REGISTRATION/ RENEWAL FOR
THE YEAR OF 2006**

(Fill in year.)



FOR OFFICE USE ONLY
Postmark Date: 01/20/06

*Ren. 2006
- missing ren. fee
- record ren. fee at below
✓ # 3126
\$110.00 WY*

3060018

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 Ardoin Kenneth A.
Last First MI

2. BUSINESS PHONE (817) 491-8410
Area Code and Phone Number

3. FAX NUMBER (817) 491-8486

4. BUSINESS ADDRESS 7 Village Circle, Ste. 500 Westlake, TX 76262
Street and No. City State Zip

MAILING ADDRESS 7 Village Circle, Ste. 500 Westlake, TX 76262
Street and No. City State Zip

5. EMPLOYER Pfizer, Inc.

6. EMPLOYER'S ADDRESS 235 East 42nd St., 12th Floor New York, NY 10017
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 Pfizer, Inc.

Address 235 East 42nd St., 12th Floor New York, NY 10017

Business or purpose Pharmaceutical Manufacturing and Health Care

Does this person pay you? Yes

If No, who pays you? _____

RECEIVED
JUN 20 11 18

EXECUTIVE LOBBYING
REGISTRATION FORM

79
Executive Lobbyist Registration No.

2. Name N/A

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

3. Name N/A

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name N/A

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

