§2131. Executive Lobbying Registration/Renewal

#213

EXECUTIVE LOBBYING REGISTRATION/
RENEWAL FOR
THE YEAR OF _____
(Fill in year.)

[redacted]

FOR OFFICE USE ONLY
Postmark Date 03/13/06
Reg. 2006
J# 10806
$110.00 WT
3060252

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, or fax to (225) 763-8787. For information or assistance, call (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 Silvio (Last) Jeffrey (First) D. (MI)
2. BUSINESS PHONE 225-252-0520 (Area Code and Phone Number)
3. FAX NUMBER 225-756-0520
4. BUSINESS ADDRESS 3341 Shadow Hill (Street and No.) Baton Rouge (City), LA (State) 70816 (Zip)

   MAILING ADDRESS 3341 Shadow Hill (Street and No.) Baton Rouge (City), LA (State) 70816 (Zip)
5. EMPLOYER Astra Zeneca Pharmaceutical
6. EMPLOYER'S ADDRESS 1800 Concord Pike (Street and No.) Wilmington (City), DE (State) ~~[illegible]~~ 19850 (Zip)
7. LIST BELOW (a) Names of persons, groups, or organizations which you represent and on whose behalf expenditures are made; (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 Astra Zeneca Pharmaceutical

   Address 1800 Concord Pike, Wilmington, DE ~~[illegible]~~ 19850

   Business or purpose Manufacture and Distribution of Pharmaceuticals

   Does this person pay you? Yes

   If No, who pays you? _____

Page _____ of _____

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.

Jeffrey D. Silvia

Signature of Lobbyist

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