§2131. Executive Lobbying Registration/Renewal

#231

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

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 03/13/06
Reg. 2006
J# 10804
$110.00 US
3060270

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 Sims Amy C.
Last First MI

2. BUSINESS PHONE 1-877-893-0390 ext 42410
Area Code and Phone Number

3. FAX NUMBER _____

4. BUSINESS ADDRESS 6728 Bellaire Dr. New Orleans, LA 70124
Street and No. City State Zip

MAILING ADDRESS 1937 Veterans Blvd #130 Metairie, VA 70005
Street and No. City State Zip

5. EMPLOYER AstraZeneca

6. EMPLOYER'S ADDRESS 1800 Concord Pike Wilmington, DE 19850
Street and No. City State 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 AstraZeneca

Address 1800 Concord Pike Wilmington, DE 19850

Business or purpose Pharmaceutical

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.

_____
Signature of Lobbyist

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