§2131. Executive Lobbying Registration/Renewal

#193

EXECUTIVE LOBBYING REGISTRATION/
RENEWAL FOR
THE YEAR OF 2006
(Fill in year.)

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 06/26/06
Ren. 2006
J# 10806665
$110.00 WS

3060330

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 Fink (Last) Meryl (First) Patterson (MI)

2. BUSINESS PHONE 504-400-8597 (Area Code and Phone Number)

3 FAX NUMBER 504-888-8597

4 BUSINESS ADDRESS 1013 Green Acres Rd, Metairie, LA 70003 (Street and No. / City / State / Zip)

MAILING ADDRESS 1013 Green Acres Rd, Metairie, LA 70003 (Street and No / City / State / Zip)

5. EMPLOYER ELI LILLY & COMPANY

6 EMPLOYER'S ADDRESS LILLY CORPORATE CENTER INDPLS IN. 46285 (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 ELI LILLY & COMPANY

Address SAME AS ABOVE

Business or purpose PHARMACEUTICAL SALES REPRESENTATIVE

Does this person pay you? YES

If No, who pays you?

Page 1 of 2

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.

Meryl P. Fink

Signature of Lobbyist

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