EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

256
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 06/30/06
TERM

3060688

Instructions

- Print in ink or type.
- Complete form and return to 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. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

1. NAME RAVAGLIA (Last) CHARLES (First) A. (MI)

NAME CHANGE _____ (Last) _____ (First) _____ (MI)

2. BUSINESS PHONE 504-430-8686 (Area Code) Phone Number

3. FAX PHONE 504 456-1570

4. BUSINESS ADDRESS 5029 CRAIG AVE (Street and No.) KENNER (City) LA (State) 70065 (Zip)

MAILING ADDRESS 5029 CRAIG AVE (Street and No.) KENNER (City) LA (State) 70065 (Zip)

5. EMPLOYER ELI LILLY

6. EMPLOYER'S ADDRESS 893 SOUTH DELAWARE ST (Street and No.) Indianapolis (City) In (State) 46225 (Zip)

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ✓ No ____

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (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; and (e) the date of termination if applicable.

a) Name CHARLES A RAVAGLIA
Address 5029 CRAIG AVE KENNER LA 70065
Business or purpose SALES REPRESENTATIVE

☐ New Representation
Does this person pay you? ____
If No, who pays you? ____

☑ Terminated Representation as of 6-30-2006

Form 505, Rev. 7/04

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2) Name CHARLES A. RAVAGLIA / ELI LILLY
Address 5029 CRAIG AVE
Business or purpose PHARMACEUTICAL SALES

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of JUNE 30, 2006

3) Name CHARLES A. RAVAGLIA / ELI LILLY
Address 893 S. DELAWAREST INDIANAPOLIS IN 46225
Business or purpose PHARMACEUTICAL SALES

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 6/30/2006

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

Form 305, Rev. 7/04