EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

235
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 06/27/06
TERM

3060719

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 Fowler (Last) Lisa (First) L. (MI)

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

2. BUSINESS PHONE (337) 380-3225 (Area Code) Phone Number

3. FAX PHONE (337) 365-8149

4. BUSINESS ADDRESS 1800 Concord Pike (Street and No.) Wilmington, (City) Delaware (State) 19850-5437 (Zip)

MAILING ADDRESS Same as above (Street and No.) _____ (City) _____ (State) _____ (Zip)

5. EMPLOYER AstraZeneca Pharmaceuticals, LP

6. EMPLOYER'S ADDRESS 1800 Concord Pike, P.O. Box 15437, (Street and No.) Wilmington, Delaware (City) (State) 19850-5737 (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.

1) Name AstraZeneca Pharmaceuticals, LP

Address 1800 Concord Pike, P.O. Box 15437, Wilmington, Delaware 19850-5737

Business or purpose Matters affecting the pharmaceutical manufacturing and health care industries.

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of June 22, 2006

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_____
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2) Name N/A

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3) Name N/A

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

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.

Lisa L Fowler
Signature of Lobbyist