EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

255
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 6/30/06
TERM

3060752

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 30 days** of any termination of employment or representations.

1. NAME Simons (Last) Trinidad (First) Vincent (MI)

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

2. BUSINESS PHONE 214/415-2843 (Area Code) Phone Number

3. FAX PHONE 469/737-3704

4. BUSINESS ADDRESS 16961 Colegrove Drive (Street and No.) Dallas (City) TX (State) 75248 (Zip)

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

5. EMPLOYER Eli Lilly and Company

6. EMPLOYER'S ADDRESS Lilly Corporate Center (Street and No.) Indianapolis (City) IN (State) 46285 (Zip)

7. Have you ceased or terminated all lobbying activities requiring registration? Yes X 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 Trinidad Vincent Simons

Address 16961 Colegrove Drive Dallas TX 75248

Business or purpose Pharmaceutical Sales

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of June 30 2006

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_____
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2) Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3) Name _____

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.

_____
Signature of Lobbyist

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1. NAME Simons (Last) Trinidad (First) Vincent (MI)

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

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