EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

192
Executive Lobbyist Registration No.

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

3060753

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 Lizano (Last) Michael (First) S (MI)

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

2. BUSINESS PHONE (504) 812-8032 (Area Code) Phone Number

3. FAX PHONE (504) 443-4607

4. BUSINESS ADDRESS 3025 Kentucky Ave. (Street and No.) Kenner (City) LA (State) 70065 (Zip)

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

5. EMPLOYER Eli Lilly & Co.

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 ✓ 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 Michael S Lizano

Address 3025 Kentucky Ave Kenner, LA 70065

Business or purpose Pharmaceutical sales

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 6/30/2006

Form 505, Rev. 7/04 Page 1 of 2

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

_____
Executive Lobbyist Registration No.

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.

Michael S. Lizano
Signature of Lobbyist