# EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No.

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

2060756

## 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 Mackey (Last) Allison (First) H. (MI)

NAME CHANGE _____ Last First MI

2. BUSINESS PHONE 318 218 1297 (Area Code) Phone Number

3. FAX PHONE 318 797 0175

4. BUSINESS ADDRESS Lilly Corp Center (Street and No.) Indianapolis (City), IN (State) 46285 (Zip)

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

5. EMPLOYER Eli Lilly & Company

6. EMPLOYER'S ADDRESS _____ Street and No. City State 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 Allison Mackey

Address 1618 Avignon Ln Shreveport, LA 71115

Business or purpose Business - Pharmaceutical Sales

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 4/30/2006

**EXECUTIVE LOBBYING**
**SUPPLEMENTAL REGISTRATION FORM**

Executive Lobbyist Registration No. _____

2) Name Allison Mackey
Address 618 Avigan Ln Shreveport, LA 71115
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 _____
Address _____
Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of June 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.

A Mackey
Signature of Lobbyist