(E)

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007

(Fill in year.)

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 1-13-07
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LOBBYING REGISTRATION
CAMPAIGN FINANCE
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Instructions

! Print in ink or type.

! Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.

! Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME McMahon (Last) Jennifer (First) _____ (MI)

2. BUSINESS PHONE 504-837-1171 (Area Code and Phone Number)

3. FAX NUMBER 504-837-1174

4. BUSINESS ADDRESS 2450 Severn Ave Ste. 210 (Street and No.) Metairie (City) LA (State) 70001 (Zip)

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

5. EMPLOYER Metropolitan Hospital Council of New Orleans

6. EMPLOYER'S ADDRESS 2450 Severn Ave Ste 210 (Street and No.) Metairie (City) LA (State) 70001 (Zip)

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (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.

1. Name Metropolitan Hospital Council of New Orleans

Address 2450 Severn Ave Ste 210 Metairie, LA 70001

Business or purpose Business: Hospitals

Does this person pay you? yes

If No, who pays you? _____

Rev: 3/7/07 PB

EXECUTIVE LOBBYING REGISTRATION FORM

2. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

3. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

4. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

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.

Jennifer E McMahon

Signature of Lobbyist