(E)

§2131. Executive Lobbying Registration/Renewal

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007 (Fill in year.)

532
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 6-12-07
Reg 2007
√# 07604833
$110.
Wm.

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SCANNED
JUL 3 1 2007
By:

2007 JUN 12 AM 12:11

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

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, or fax to (225) 763-8787. For information or assistance, call (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 Barrow (Last) Tiffany (First) R. (MI)
2. BUSINESS PHONE 225-571-6540 (Area Code and Phone Number)
3. FAX NUMBER N/A.
4. BUSINESS ADDRESS 17830 Chasefield Ave, Baton Rouge, LA 70817 (Street and No. / City / State / Zip)

   MAILING ADDRESS 17830 Chasefield Ave, Baton Rouge, LA 70817 (Street and No. / City / State / Zip)
5. EMPLOYER ELI LILLY + COMPANY
6. EMPLOYER'S ADDRESS LILLY CORPORATE CENTER, INDIANAPOLIS, IN. 46285 (Street and No. / City / State / Zip)
7. LIST BELOW (a) Names of persons, groups, or organizations which you represent and on whose behalf expenditures are made; (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 ELI LILLY + COMPANY

   Address SAME AS ABOVE

   Business or purpose PHARMACEUTICAL SALES REPRESENTATIVE

   Does this person pay you? Yes

   If No, who pays you?

Page 1 of 2

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No. _____

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.

Tiffany Barron

Signature of Lobbyist

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