EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

299
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 10-14-07
Term
acb
3070574

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 for those you represent. It must be submitted **within 10 days** of any termination of employment or representations.

1. NAME HALES (Last) JOHN (First) W (MI)

NAME CHANGE (Last) (First) (MI)

2. BUSINESS PHONE 407 352 6508 (Area Code) Phone Number

3. FAX PHONE N/A

4. BUSINESS ADDRESS 10124 Canopy Tree Ct (Street and No.) Orlando (City) FL (State) 32836 (Zip)

MAILING ADDRESS 10124 Canopy Tree Ct (Street and No.) Orlando (City) FL (State) 32836 (Zip)

5. EMPLOYER Elan Pharmaceuticals

6. EMPLOYER'S ADDRESS 7475 lusk blvd (Street and No.) San Diego (City) CA (State) 92121 (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 JOHN HALES

Address 10124 Canopy Tree Ct. Orlando FL 32836

Business or purpose Not Applicable

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☒ Terminated Representation as of 9/30/07

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

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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