EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008
(Fill in year.)

446
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 12-17-07
Pen 08
CK# 009211
$110.00
ack ✓

3070626
3070626

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) E (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.) Met. (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 (Street and No.) Ste 210 (City) Met., 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 Hospital Association

Does this person pay you? yes

If No, who pays you? _____

EXECUTIVE LOBBYING REGISTRATION FORM

446
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.

Jennifer E McMahon
Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE

Form 304, Rev. 7/04