EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

446
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1-29-08
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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 McMahon (Last) Jennifer (First) E (MI)

NAME CHANGE _____ (Last) _____ (First) _____ (MI)

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

3. FAX PHONE 504-837-1174

4. BUSINESS ADDRESS 2450 Severn Ave., Ste 210, Met, LA 70002 (Street and No. / City / State / Zip)

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

5. EMPLOYER Louisiana Hospital Association

6. EMPLOYER'S ADDRESS 9521 Brookline Ave, B.R., LA 70809 (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 Louisiana Hospital Association
Address 9521 Brookline Ave., B.R., LA 70808
Business or purpose Advocacy, education, and services for member hospitals

☑ New Representation
Does this person pay you? ✓

If No, who pays you? _____

☐ Terminated Representation as of _____

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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.

Jennifer E. McMahon
Signature of Lobbyist