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

10
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1/30/08
Ren-08
Ck# 2863
$110.00
ACKV
3071184

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 Monroe (Last) Jessica (First) W. (MI)

2. BUSINESS PHONE (225) 205-3503 (Area Code and Phone Number)

3. FAX NUMBER (225) 292-5958

4. BUSINESS ADDRESS 10046 Chestnut Oak Dr. (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

MAILING ADDRESS Same as above (Street and No.) (City)

Missing numbered pages were blank and had no information on them.

5. EMPLOYER Johnson & Johnson

6. EMPLOYER'S ADDRESS One Johnson & Johnson Plaza (Street and No.) New Brunswick (City) NJ (State) 08933 (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 Johnson & Johnson
   Address One Johnson & Johnson Plaza New Brunswick, NJ 08933
   10046 Chestnut Oak Dr. Baton Rouge, LA 70809
   Business or purpose Healthcare, pharmaceutical, medical devices, diagnostics
   Does this person pay you? Yes
   If No, who pays you?

HAND DELIVERED

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.

Jessica W. Moore

Signature of Lobbyist