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

817
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 8-12-08
Aug-08
CK-2016
#110
ack✓

3072021

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 McKinley (Last) Will (First) ____ (MI)

2. BUSINESS PHONE 850-681-1980 (Area Code and Phone Number)

3. FAX NUMBER 850-561-0792

4. BUSINESS ADDRESS 106 East College Avenue, Suite 1100, Tallahassee FL 32301 (Street and No. / City / State / Zip)

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

5. EMPLOYER Dutko Poole McKinley

6. EMPLOYER'S ADDRESS as above (Street and No. / City / State / 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 Magellan Public Sector Solutions
Address Post Office Box 648, Columbia, MD 21045
Business or purpose Health Care Services
Does this person pay you? No
If No, who pays you? Dutko Poole McKinley

SCANNED
AUG 22 2008
By: [signature]

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.

_____

Signature of Lobbyist