

Lobbyist Registration Form  
Louisiana Board of Ethics



**Demographic Information:**

Title: Mrs.

Lobbyist ID: LB00000126

First Name: Kim

Last Name: Elston

Middle Name: Barrios

Change First Name: \_\_\_\_\_

Change Last Name: \_\_\_\_\_

Change Middle Name: \_\_\_\_\_

Branch: Exec

**Address Information:**

Street: 10463 Barringer Foreman

City: Baton Rouge

State: Louisiana

Zip Code: 70809

Email: kmen@novonordisk.com

Phone: 225-615-8011 Ext: \_\_\_\_\_

Fax: 225-615-7109

**Employer Information:**

Employer Name: Novo Nordisk

**Address Information:**

Street: 100 College Road West

City: Princeton

State: New Jersey

Zip Code: 8540

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**Information about person, group or organization which you represent:**

Representative Name : Novo Nordisk

Branch: Exec

Business Description : Pharmaceutical Manufacturer

**Address:** Street: 10463 Barringer Foreman

City: Baton Rouge

State: Louisiana

Zip Code: 70809

Paid by representation: No

Payment Category: \$24,999 or less

If **No**, who pays you:

Subject Matter 1: Health care: pharmaceutical and medical devices; research; development; sales

Subject Matter 2:

Subject Matter 3:

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**Picture:**

