

Lobbyist Registration Form
Louisiana Board of Ethics



Demographic Information:

Title: n/a

Lobbyist ID: LB00000192

First Name: Sharon Last Name: Knight Middle Name: Jenean

Change First Name: _____ Change Last Name: _____ Change Middle Name: _____

Branch: Leg and Exec

Address Information:

Street: 6767 Perkins Rd Ste 100

City: Baton Rouge State: Louisiana Zip Code: 70808

Email: sharon@lsms.org

Phone: 225-763-8500 Ext: 322

Fax: 225-763-9881

Employer Information:

Employer Name: Louisiana State Medical Society

Address Information:

Street: 6767 Perkins Rd Ste 100

City: Baton Rouge State: Louisiana Zip Code: 70808

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Louisiana Board of Ethics



Information about person, group or organization which you represent:

Representative Name : Louisiana State Medical Society

Branch: Leg and Exec

Business Description : Membership organization comprised of medical doctors licensed by the
Louisiana State Board of Medical Examiners

Address: Street: 6767 Perkins Rd Ste 100

City: Baton Rouge

State: Louisiana

Zip Code: 70808

Paid by representation: Yes

Payment Category: \$100,000 - \$249,999

If **No**, who pays you:

Subject Matter 1: Health care: physicians; nurse practitioners; nurses

Subject Matter 2: Health care: pharmaceutical and medical devices; research; development; sales

Subject Matter 3: Insurance

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Picture:

