



Louisiana Board of Ethics: Lobbyist Registration Form

Registration Year: 2018

Lobbying Type(s): Legislative

Demographic Information:

Lobbyist's Name: MRS. KATHY HAWKINS KLIEBERT Lobbyist ID: LB003902

Name Change: _____

Address:

Street: 168 NORTHLAKE

City: THIBODAUX State: Louisiana Zip: 70301

Phone: 985-791-7637 Ext: _____

Fax: 985-791-7637

Employer Information:

Employer Name: Louisiana Medicaid MCO Association

Employer Address:

Street: 1100 Poydras Street

City: New Orleans State: Louisiana Zip: 70163

Registration Details:

Lobbying Type: **Legislative Branch Lobbying**

Date of the first action which required your registration as a lobbyist: 2/21/2018
(The date in which you acted in a representative capacity and made an expenditure on an executive branch official.)

Information about persons, groups, or organizations represented:

Representative Name: Louisiana Medicaid Managed Care Organization Association

Description: Managed Care Organizations (Health Care Insurance Plans) for Individuals receiving Louisiana Medicaid

Street: 1100 Poydras Stree

City: New Orleans State: Louisiana Zip: 70163

Branch: Legislative Employment Start Date: 2/20/2018 Lobbying Start Date: 2/21/2018

Paid by Representation: Yes Payment Category: \$100,000 - \$249,999 End Date: _____

If No, who pays you:

Subject Matters:
Insurance

Information about Business Relationships

Not Applicable