

Lobbyist Registration Form
Louisiana Board of Ethics



Demographic Information:

Title: _____ Lobbyist ID: LB00000453

First Name: Kerry Last Name: Everitt Middle Name: L

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

Branch: Leg and Exec

Address Information:

Street: 301 Main Street

City: Baton Rouge State: Louisiana Zip Code: 70825

Email: keveritt@aarp.org

Phone: 225-376-1151 Ext: _____

Fax: 225-387-3400

Employer Information:

Employer Name: AARP

Address Information:

Street: 301 Main Street

City: Baton Rouge State: Louisiana Zip Code: 70825

Lobbyist Registration Form
Louisiana Board of Ethics



Information about person, group or organization which you represent:

Representative Name : AARP Louisiana

Branch: Leg

Business Description : AARP is a membership organization leading positive social change and delivering value for persons age 50 and over through information,

Address: Street: 301 Main Street

City: Baton Rouge

State: Louisiana

Zip Code: 70825

Paid by representation: Yes

Payment Category: \$50,000 - \$99,999

If **No**, who pays you:

Subject Matter 1: Health care: hospitals; nursing homes; elderly care; hospice

Subject Matter 2: Banking, financial, and accounting

Subject Matter 3: Utilities: electric; gas; water; nuclear

Lobbyist Registration Form
Louisiana Board of Ethics



Picture:

