

Lobbyist Registration Form

*Louisiana Board of Ethics*



**Demographic Information:**

Title: Mr.

Lobbyist ID: LB00000498

First Name: John

Last Name: Matessino

Middle Name: Anthony

Change First Name: \_\_\_\_\_ Change Last Name: \_\_\_\_\_ Change Middle Name: \_\_\_\_\_

Branch: Leg and Exec

**Address Information:**

Street: 9521 Brookline Avenue

City: Baton Rouge

State: Louisiana

Zip Code: 70809

Email: jmatessino@lhaonline.org

Phone: 225-928-0026 Ext: \_\_\_\_\_

Fax: 225-923-1004

**Employer Information:**

Employer Name: Louisiana Hospital Association

**Address Information:**

Street: 9521 Brookline Avenue

City: Baton Rouge

State: Louisiana

Zip Code: 70809

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

Representative Name : Louisiana Hospital Association

Branch: Leg and Exec

Business Description : Hospital/Healthcare trade association

**Address:** Street: 9521 Brookline Avenue

City: Baton Rouge

State: Louisiana

Zip Code: 70809

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: Health care: physicians; nurse practitioners; nurses

Subject Matter 3: Insurance

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**Picture:**

