

## Louisiana Board of Ethics: Lobbyist Registration Form

Registration Year: 2025 Lobbying Type(s): Legislative / Executive / Local

Demographic Information:					
Lobbyist's Name: MATTHEW BLOCK	Lobbyist ID:	LB005392			
Name Change:					
Address: Street: _ 1514 JEFFERSON HIGHWAY					
City: NEW ORLEANS State: Louisiana	<b>Zip:</b> 70121	<del></del>			
Phone:504-842-1260					
Fax:					
- unit					
Employer Information:					
Employer Name: Ochsner Clinic Foundation					
Employer Address:					
Street: _ 1514 Jefferson Highway					
City: New Orleans State: Louisi	ana	<b>Zip</b> : 70121			
Registration Details:					
Lobbying Type: Legislative Branch Lobbying					
Date of the first action which required your registration as a lobbyist: 1/01/2025					
(The date in which lobbying became part of your principal duties or the date in which you acted in a representative capacity and made and expenditure on a Legislator.)					
If you were a legislative lobbyist during the previous calendar year, have you complet	ed the annual training				
required pursuant to R.S. 42:1170 for the previous calendar year? ■ Ye					
Lobbying Type: Executive Branch Lobbying					
	/2025				
Date of the first action which required your registration as a lobbyist: 1/10.  (The date in which you acted in a representative capacity and made an expenditure on an	<u>'2025</u> executive branch officia	ıl.)			
If you were an executive lobbyist during the previous calendar year, have you completed the annual training					
required pursuant to R.S. 42:1170 for the previous calendar year? □ Yes □ No ■ N/A					
Lobbying Type: Local Government Lobbying					
Date of the first action which required your registration as a lobbyist: 1/01.	/2025				
(The date in which you, acted in a representative capacity, made an aggregate amount of local level officials.)	expenditures of \$500 or	more, on			

Date Submitted: 1/10/2025 Page 1 of 2 **Lobbyist ID:** LB005392



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	Information about persons, groups	, or organizations rep	resented:		
Representative Name:	Ochnser Clinic Foundation				
Description: Heal	lth Care erson Highway				
City: New Orlean	s s	State: Louisiana	<b>Zip</b> : 70121		
Branch: <u>Legislative</u> Paid by Representa If No, who pays yo	ation: Yes Payment Category:	: <u>1/02/2024</u> <b>Lo</b> \$50,000 - \$99,999	bbying Start Date:2/21/2024 End Date:		
Subject Matters: Health care; h	hospitals; nursing homes; elderly care; hospice				
Information about Business Relationships					
Person's Name: S	en.				
Indicated Title	e: n/a				