

Louisiana Board of Ethics: Lobbyist Registration Form

Registration Year: 2023 Lobbying Type(s): Legislative / Executive

| Demographic Information: | | | | | | | | |
|---|--------------------------|------------------|---------------------------|-------------------|--|--|--|--|
| Lobbyist's Name: | MRS. AYAME DINKLER | | Lobbyist ID: | LB005457 | | | | |
| Nama Changai | | | | | | | | |
| Name Change: | | | | | | | | |
| Address: 2437 FEF | RN STREET | | | | | | | |
| City: NEW ORLI | EANS | State: Louisiana | Zip : <u>70125</u> | | | | | |
| Phone: 202-744-35 | 590 Ext : | | | | | | | |
| Fax: | | | | | | | | |
| Employer Information: | | | | | | | | |
| Employer Name: | Crane Strategies, LLC | | | | | | | |
| Employer Address: | Street: 2437 Fern Street | | | | | | | |
| | City: New Orleans | State: | Louisiana | Zip: 70125 | | | | |
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| Registration Details: | | | | | | | | |
| Lobbying Type: Legislative Branch Lobbying | | | | | | | | |
| Date of the first action which required your registration as a lobbyist: 8/01/2023 (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 completed the annual training required pursuant to R.S. 42:1170 for the previous calendar year? □ Yes □ No ■ N/A | | | | | | | | |
| Lobbying Type: Executive Branch Lobbying | | | | | | | | |
| Date of the first action which required your registration as a lobbyist: (The date in which you acted in a representative capacity and made an expenditure on an executive branch official.) | | | | | | | | |
| 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 | | | | | | | | |
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| Information about persons, groups, or organizations represented: | | | | | | | | |
|--|-------------|--|------------------------------------|----------------------|----------|--|--|--|
| Representative Name: | LCMC Health | | | | | | | |
| Description: Health s Street: <u>1100 Poydra</u> City: New Orleans | , | S | tate: Louisiana | Zip: | 70163 | | | |
| Branch: Legislative / Paid by Representation If No, who pays you: Subject Matters: | | Employment Start Date: Payment Category: | 8/01/2023 \$100,000 - \$249,999 | Lobbying Start Date: | 8/1/2023 | | | |
| Health care; hos | | es; elderly care; hospice | acc Polotionshin | | | | | |
| Health care, nos | | Information about Busin | ess Relationship | S | | | | |

Not Applicable