



Louisiana Board of Ethics: Lobbyist Registration Form

Registration Year: 2025

Lobbying Type(s): Legislative / Executive / Local

Demographic Information:

Lobbyist's Name: MRS. KRISTY H NICHOLS Lobbyist ID: LB005832

Name Change: _____

Address:

Street: 914 FOUCHER ST. UNIT 2

City: NEW ORLEANS State: Louisiana Zip: 70115

Phone: 225-324-1070 Ext: _____

Fax: _____

Employer Information:

Employer Name: Ochsner Clinic Foundation

Employer Address:

Street: 1514 Jefferson Highway

City: New Orleans State: Louisiana Zip: 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 an 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: 1/01/2025

(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

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 expenditures of \$500 or more, on local level officials.)



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Information about persons, groups, or organizations represented:

Representative Name: Ochsner Clinic Foundation

Description: Healthcare

Street: 1514 Jefferson Highway

City: New Orleans

State: Louisiana

Zip: 70121

Branch: Legislative / Executive / Local Employment Start Date: 10/19/2015 Lobbying Start Date: 11/6/2024

Paid by Representation: Yes Payment Category: \$250,000 or more End Date: _____

If No, who pays you:

Subject Matters:

Health care; hospitals; nursing homes; elderly care; hospice

Health care; pharmaceutical and medical devices; research; development; sales

Health care; physicians; nurse practitioners; nurses

Information about Business Relationships

Not Applicable