

Lobbyist Registration Form
Louisiana Board of Ethics



Demographic Information:

Title: Mr.

Lobbyist ID: LB00000733

First Name: Christopher Last Name: Drumm Middle Name: _____

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

Branch: Leg

Address Information:

Street: 200 Stevens Drive

City: Philadelphia State: Pennsylvania Zip Code: 19113

Email: christopher.drumm@kmhp.com

Phone: 215-937-8730 Ext: _____

Fax: _____

Employer Information:

Employer Name: AmeriHealth Mercy

Address Information:

Street: 200 Stevens Drive

City: Philadelphia State: Pennsylvania Zip Code: 19113

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Information about person, group or organization which you represent:

Representative Name : AmeriHealth Mercy

Branch: Leg

Business Description : Health, Insurance

Address: Street: 200 Stevens Drive

City: Philadelphia

State: Pennsylvania

Zip Code: 19113

Paid by representation: Yes

Payment Category: \$24,999 or less

If **No**, who pays you:

Subject Matter 1:

Subject Matter 2:

Subject Matter 3:

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Picture:

