NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD HEALTH LOBBYING REGISTRATION FORM

BROWARD HEALTH

(SEE BACK FOR INSTRUCTIONS)

For what purpose are you using this form?

☐ New Registration ☐ Change to Profile ☒ Renewal

To which fiscal year does this form apply? 2019 - 2020

LOBBYIST:

CAMPBELL (Last Name) CARRIE (First Name) ANN (Middle)

4910 NE 25th Ave, Lighthouse Point, FL 33064
Mailing Address

ccampb29@its.jnj.com
Email Address

(954) 600 7095 Office Number

(954) 600 7095 Cell Number

N/A
Lobbying Firm on behalf of which lobbyist is representing principal (if any)

Lobbying Firm's Mailing Address

( ) Telephone Number

Do you have any direct or indirect business association, partnership, or financial relationship or live in the same household with or are related to any Broward Health Board Member, Board Committee Member, employee, or agent?

☒ No ☐ Yes. State with whom and explain:

Have you ever been an employee of Broward Health? ☒ No ☐ Yes,

Title Date of Employment Date of Separation

Have you ever served as an NBHD Commissioner or on a Commission Sub-Committee?

☒ No ☐ Yes, Date of Service Date of Separation

OATH

I do solemnly swear that all the foregoing facts are true and correct.

Original Signature of Lobbyist

Provide the names, business address, telephone number and area of interest of each principal represented.

PRINCIPAL #1 Janssen Pharmaceuticals, Inc.
Principal Name

1125 Trenton-Harbourton Road
Principal Mailing Address

Titusville, NJ 08560

(609) 730-2000
Principal Telephone Number

Pharmaceuticals
Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2
Principal Name

Principal Mailing Address

( ) Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3
Principal Name

Principal Mailing Address

( ) Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 19th day of June, 2019 by Carrie A Campbell.

(Signature of Notary Public--State of Florida)

Derrick R Lasseter
(Print, Type, or Stamp Commissioned Name of Notary Public)

NOTARY PUBLIC STATE OF FLORIDA
Derrick R. Lasseter
COMMISSION # GG230333
EXPIRES: October 1, 2022
Bonded Thru Aaron Notary

Personally Known _____ OR Produced Identification ☒
Type of Identification Produced Florida Driver License

NORTH BROWARD HOSPITAL DISTRICT

NORTH BROWARD HOSPITAL DISTRICT (NBHD)
DBA
BROWARD HEALTH
LOBBYIST EXPENDITURE REPORT FISCAL YEAR
JULY 1, 2018 TO JUNE 30, 2019

Please Type or Print Clearly in Ink

Lobbyist Information:

First Name: Carrie Last Name: Campbell

Principal Information:

Principal Name: Janssen Pharmaceuticals, Inc.

CATEGORIES OF EXPENDITURES	
Food & Beverage	2404.40
Entertainment	
Research	
Communications	
Media / Advertising	
Publications	
Travel	
Lodging	
Special Events	
Other	

OATH

I do solemnly swear that all facts contained on this Lobbyist Expenditure Report form are true and correct; and that I have read and am familiar with the provisions contained in NBHD policy GA-001-120 Lobbying and Lobbyist Activies as well as the NBHD Lobbyist Registration and Disclosure Requirements.

Signature of Lobbyist

6/24/19
Date

For Office Use Only:

Data Entry Date _____, 20____. Entered By _____

Form Date: 06/27/2016

JUN 27 2019

Broward Health Corporate Office, Attn: Government Relations, 1800 NW 49th Street, Fort Lauderdale, FL 33309
Office: 954-473-7180 | Fax 954-473-7190
www.browardhealth.org

BROWARD HEALTH

NORTH BROWARD
HOSPITAL DISTRICT

Principal Authorization Form

Authorization to Represent the Principal

Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar year if the renewal form submitted by this lobbyist indicates "yes" to renew for the next year. Cancellation of a lobbyist's registration by the principal must be provided by written notice. Cancellation forms can be found at *www.browardhealth.org*

Janssen Pharmaceuticals, Inc. — Principal Name

hereby authorizes

Carrie A Campbell — Lobbyist's Name

Pharmaceuticals — Description of Principal's Main Business

Signature of Principal or Principal's Representative

Josiah Diaz — Print Principal Name / Principal's Representative

District Manager — Print Title of Principal / Principal's Representative

06/19/19 — Date

Attach this authorization to your registration form.

JUN 27 2019