



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

(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? 20 23-24

LOBBYIST:

Hollon Last Name CHRISTOPHER First Name J Middle

3200 TAM OSHANER LN, BIRMINGHAM, AL 35242 Mailing Address

chollon70@gmail.com Email Address

(205) 565-9910 Office Number

(205) 565-9910 Cell Number

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.

Christopher J Hollon

Original Signature of Lobbyist

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

PRINCIPAL #1 AKEBIA THERAPEUTICS Principal Name
245 FIRST ST, STE 1400, CAMBRIDGE, MA 02142 Principal Mailing Address

(617) 871-2098 Principal Telephone Number

Nephrology
Pharmaceutical Sales 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~~ Georgia
COUNTY OF Douglas

Sworn to (or affirmed) and subscribed before me this 22nd
August, 2023 by Christopher Hollon

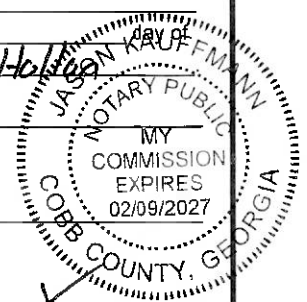
(Signature of Notary Public--State of Florida)

Jason Kauffmann

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

Personally Known _____ OR Produced Identification _____

Type of Identification Produced AI D.C.



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

AKEBIA THERAPEUTICS hereby authorizes CHRIS HOLLON
Principal Name Lobbyist's Name

PHARMA CEUTICAL SALES Signature of Principal or Principal's Representative
Description of Principal's Main Business

CHRIS HOLLON
Print Principal Name / Principal's Representative

AREA DIRECTOR
Print Title of Principal / Principal's Representative

8/22/23
Date

Attach this authorization to your registration form.