

## NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD HEALTH LOBBYING REGISTRATION FORM (SEE BACK FOR 1

(SEE BACK FOR INSTRUCTIONS

	(OLL BROWN TON MOTHER CHOICE)
For what purpose are you using this form?  New Registration Change to Profile Renewal  To which fiscal year does this form apply? 20 23	Provide the names, business address, telephone number and area of interest of each principal represented.  Kaleo, Inc.  Principal Name
LOBBYIST: Budd Susan Last Name First Name Middle	111 Virginia Street, Suite 300 Principal Mailing Address Richmond, VA, 23219
5421 SW 39th Way, Fort Lauderdale, Florida, 33312  Mailing Address  susan.budd@kaleo.com  Email Address	Principal Telephone Number  AUVI-Q  Epinephrine Auto Injector  Areas of Interest/General & Specific Subject Matter
	PRINCIPAL #2 Principal Name
Lobbying Firm on behalf of which lobbyist is representing principal (if any)  Lobbying Firm's Mailing Address	Principal 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:	PRINCIPAL #3 Principal Name Principal Mailing Address
	(
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	STATE OF FLORIDA COUNTY OF Sworm to (or affirmed) and subscribed before me this
I do solemnly swear that all the foregoing facts are true and correct.  Suan Bull  Original Signature of Lobbyist	(Print, Type, or Stamp Commissioned Name of Notary Public)  Personally Known OR Produced Identification Type of Identification Produced