



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 24-2025

LOBBYIST:

Last Name CAMPBELL First Name CARRIE Middle ANN

4910 NE 25th AVE

Mailing Address

ccampb29@its.jnj.com

Email Address

(954) 600 7095 954, 600 7095

Office Number

Cell Number

Johnson + Johnson

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

Johnson + Johnson

Lobbying Firm's Mailing Address

(954) 600 7095

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

Johnson + Johnson

Principal Name

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2

N/A

Principal Name

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3

N/A

Principal Name

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA

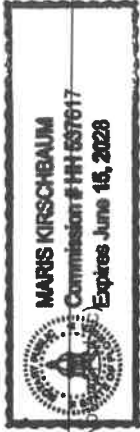
BROWARD

COUNTY OF

Sworn to (or affirmed) and subscribed before me this _____ day of _____

July, 20 24 by MARIS KIRSCHBAUM

(Signature of Notary Public—State of Florida)



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

Personally Known

Type of Identification Produced

OR

Produced Identification

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

Johnson + Johnson

Principal Name

hereby authorizes

Carrie 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

Date

07 / 14 / 24

Attach this authorization to your registration form.