



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

(SEE BACK FOR INSTRUCTIONS)

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

For what purpose are you using this form?
 New Registration Change to Profile Renewal
 To which fiscal year does this form apply? 20 24

LOBBYIST:
 Last Name Hammond First Name Jessie Middle Althea
 Mailing Address 2211 Dancy St. Naples, FL 34120
 Email Address jessie.hammond@seqirus.com
 Office Number (561) 289-9041 Cell Number (862) 395-5452

CSL Seqirus
 Lobbying Firm on behalf of which lobbyist is representing principal (if any)
 Mailing Address 25 Deforest Ave. Suite 200 Summit, NJ 07901
 Telephone Number (908) 739-1378

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.

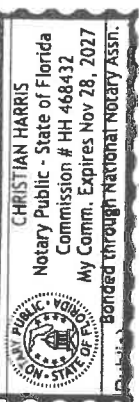
Original Signature of Lobbyist
Jessie Hammond

PRINCIPAL #1 CSL Seqirus Principal Name
 Mailing Address 25 Deforest Ave. Suite 200 Summit, NJ 07901
 Telephone Number (908) 739-1378
 Areas of Interest/General & Specific Subject Matter Vaccines

PRINCIPAL #2 N/A Principal Name
 Mailing Address _____
 Telephone Number _____
 Areas of Interest/General & Specific Subject Matter _____

PRINCIPAL #3 N/A Principal Name
 Mailing Address _____
 Telephone Number _____
 Areas of Interest/General & Specific Subject Matter _____

STATE OF FLORIDA
 COUNTY OF Collier
 Sworn to (or affirmed) and subscribed before me this 12th day of August, 2024 by Jessie Hammond

(Signature of Notary Public--State of Florida)
Christian Harris
 Personally Known _____ OR Produced Identification
 Type of Identification Produced Witness License


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

Principal Name CSL Serigus hereby authorizes Jessie Hammond Lobbyist's Name

Description of Principal's Main Business Vaccines Signature of Principal or Principal's Representative Jennifer Holland

Print Principal Name / Principal's Representative Jennifer Holland

Print Title of Principal / Principal's Representative Director, Southeast Regional Acls

Date 2/12/21

Attach this authorization to your registration form.