LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2000

817

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-13-00
Reg
337
$100
RSD

1000149

Instructions

- Print in ink or type.
- Complete form and return with $10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Ayers (Last) Amy (First) D (MI)

2. BUSINESSPHONE 225-927-9934 (Area Code and Phone Number)

3. BUSINESS ADDRESS 4919 Jamestown Ave. (Street and No.), Ste 104 (City) Baton Rouge, LA (State) 70808 (Zip)

MAILING ADDRESS Same (Street and No.) (City) (State) (Zip)

4. EMPLOYER American Cancer Society, Mid-South Division, Inc.

5. EMPLOYER'S ADDRESS 4919 Jamestown Ave, Ste 104 (Street and No.) Baton Rouge, LA (City) (State) 70808 (Zip)

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name The American Cancer Society

Address 4919 Jamestown Ave., Ste 104 Baton Rouge, LA

Business or purpose Non-profit Voluntary Health Organization aimed at eliminating cancer as a major health problem.

Does this person pay you? Yes

If No, who pays you?

Form 630, Rev. 6/88

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2. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

3. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

4. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Amy d. Ayers
Signature of Lobbyist

Form 500 Rev. 6/99