LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 1-21-00

1000564

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 Day (Last) Suzy (First) Lowell (MI)

2. BUSINESSPHONE 225-[illegible] (Area Code and Phone Number)

3. BUSINESS ADDRESS 19664 Old Perkins Rd. E. Baton Rouge, LA 70816 (Street and No. / City / State / Zip)

MAILING ADDRESS 19664 Old Perkins Rd E Baton Rouge, LA 70816 (Street and No. / City / State / Zip)

4. EMPLOYER [illegible]

5. EMPLOYER'S ADDRESS same as above (Street and No. / City / State / 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 Woman's Hospital / Woman's Health Foundation

Address PO Box [illegible], Baton Rouge, LA 70815

Business or purpose healthcare provider / hospital

Does this person pay you? yes

If No, who pays you?

Form 500, Rev. 6/99

LOBBYING REGISTRATION FORM

[illegible]

2. Name [illegible]

Address [illegible]

Business or purpose

Does this person pay you?

If No, who pays you?

3. Name Louisiana Foundation Against Sexual Assault

Address [illegible]

Business or purpose [illegible]

Does this person pay you? No

If No, who pays you? [illegible] for this group

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.

[illegible]
Signature of Lobbyist

Form 500, Rev. 8/99

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-21-00
Part of Registrati

Instructions

- Print in ink or type.
- Complete form and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Day (Last) Judy (First) Lowell (MI)

2. BUSINESS PHONE 225-752-6258

3. BUSINESS ADDRESS [illegible] (Street and No.) [illegible] (City) Baton Rouge (State) La. 70810 (Zip)

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

4. EMPLOYER Self

5. EMPLOYER'S ADDRESS Same as above (Street and No.) (City) (State) (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No ____

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (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; and (e) the date of termination if applicable.

1. Name [illegible]

Address [illegible] Baton Rouge LA 70[illegible]

Business or purpose [illegible]

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of Jan 2000

Form 501, Rev. 6/99

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name_____

Address_____

Business or purpose_____

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☐ Terminated Representation as of _____

3. Name_____

Address_____

Business or purpose_____

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☐ Terminated Representation as of _____

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.

_____
Signature of Lobbyist

Form 501, Rev. 6/99