# LOBBYING REGISTRATION FORM

**To be used for initial registrations and renewals.**

424

**Lobbyist's Registration Number**

**FOR OFFICE USE ONLY**
Postmark Date: 1/24/02
Reg
VA 36078
$110.00 ARS

**1020349**

## Instructions

- Print in ink or type.
- Complete form and return with **$110** 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 [illegible] (Last) [illegible] (First) _____ (MI)

2. BUSINESSPHONE (225) 331-3010 (Area Code and Phone Number)

3. BUSINESS ADDRESS [illegible] (Street and No.) St. Ferdinand (City) BB (State) La (Zip) 10862

MAILING ADDRESS [illegible] (Street and No.) _____ (City) _____ (State) _____ (Zip) _____

4. EMPLOYER [illegible]

5. EMPLOYER'S ADDRESS [illegible] (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 Louisiana Speech Language Hearing Association

Address 8676 Goodwood Blvd., Ste. 108, Baton Rouge, LA 70806

Business or purpose Professional association for speech-lanuguage therapists and audiologists

Does this person pay you? yes

If No, who pays you? _____

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2. Name National Association of Social Workers - LA Chapter

Address 700 N. 10th Street, Baton Rouge, LA 70802

Business or purpose Professional association for social workers

Does this person pay you? yes

If No, who pays you?

3. Name Louisiana Coalition Against Domestic Violence

Address P.O. Box 77308, Baton Rouge, LA 70879-7308

Business or purpose Advocacy for victims of domestic violence and programs offering services to such victims

Does this person pay you? yes

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.

Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
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ONLY

Form 500, Rev. 7/2001