1050

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

FOR OFFICE USE ONLY
Postmark Date: 1/30/03

Reg
✓ # 3025
$110 - U

1022226
SCANNED
MAR 11 2003
By: (JM)

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 HANNAH (Last) ALBERT (First) ✓ (MI)

2. BUSINESSPHONE (504) 539-9491 (Area Code and Phone Number)

3. BUSINESS ADDRESS 1600 CANAL ST., STE. 501, NEW ORLEANS LA 70112 (Street and No. / City / State / Zip)

MAILING ADDRESS 1600 CANAL ST., STE. 501, NEW ORLEANS, LA 70112 (Street and No. / City / State / Zip)

4. EMPLOYER COALITION FOR A TOBACCO-FREE LOUISIANA

5. EMPLOYER'S ADDRESS 1600 CANAL ST., STE. 501 NEW ORLEANS LA 70112 (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 COALITION FOR A TOBACCO FREE LOUISIANA

Address 1600 CANAL ST., STE. 501 NEW ORLEANS, LA 70112

Business or purpose NON-PROFIT

Does this person pay you? YES

If No, who pays you? _____

Form 500, Rev. 7/2001

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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.

_____
Signature of Lobbyist