LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/04/05

Ren. 2005
#4748
$110.00 WB

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Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 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 Stehr (Last) Ayn (First) W. (MI)

2. BUSINESSPHONE (225) 336-3040 (Area Code and Phone Number)

3. BUSINESS ADDRESS 715 St. Ferdinand Street (Street and No.) Baton Rouge (City), LA (State) 70802 (Zip)

MAILING ADDRESS 715 St. Ferdinand Street (Street and No.) Baton Rouge (City), LA (State) 70802 (Zip)

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ETHICS ADMINISTRATION
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4. EMPLOYER Self

5. EMPLOYER'S ADDRESS 715 St. Ferdinand Street (Street and No.) Baton Rouge (City), LA (State) 70802 (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-language 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

Form 500, Rev. 10/2002