

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist Registration Number

FOR OFFICE USE ONLY

Postmark Date: 04/02/05

Reg. 2005
001001
\$110.00 WTS

1000876

2005 APR - 5 AM 10:34
RECEIVED
REGISTRATION
FEE RECEIVED

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 Maquire Annie K
Last First MI

2. BUSINESSPHONE (504) 522-0744
Area Code and Phone Number

3. BUSINESS ADDRESS P.O. Box 56157 New Orleans LA 70156
Street and No. City State Zip

MAILING ADDRESS P.O. Box 56167 New Orleans LA 70156-6157
Street and No. City State Zip

4. EMPLOYER American Civil Liberties Union of Louisiana

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 American Civil Liberties Union of Louisiana
Address P.O. Box 56157 New Orleans, LA 70156

Business or purpose Exists to secure and maintain fundamental rights guaranteed to state residents by the U.S. Constitution and Louisiana Constitution

Does this person pay you? YES

*Note: Lobbying is only a minor part of my job description, so only a percentage
If No, who pays you? of my salary actually is allocated for lobbying

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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.

Annise Maguire
Signature of Lobbyist

