LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1167

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 11/30/05
Ren. 2006
J# 62802
$110.00 US

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 Ferguson (Last) Patty (First) A. (MI)

2. BUSINESS PHONE (480) 425-2637 (Area Code and Phone Number)

3. BUSINESS ADDRESS 4250 N. Drinkwater Boulevard, 4th Floor, Scottsdale, AZ 85251 (Street and No. / City / State / Zip)

MAILING ADDRESS 4250 N. Drinkwater Boulevard, 4th Floor, Scottsdale, AZ 85251 (Street and No. / City / State / Zip)

4. EMPLOYER Sacks Tierney P.A.

5. EMPLOYER'S ADDRESS 4250 N. Drinkwater Boulevard, 4th Floor, Scottsdale, AZ 85251 (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 Pointe-au-Chien Indian Tribe

Address P.O. Box 416, Montegut, Louisiana 70377

Business or purpose Indian Tribe

Does this person pay you? No

If No, who pays you? Pro bono representation

Form 500, Rev. 10/2002

LOBBYING REGISTRATION FORM

1167
Lobbyist's Registration Number

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

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

Form 500, Rev. 10/2002