LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1223
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/17/06
Ren. 2006
V# 3604
$110.00 WT

AMENDMENT

1051401

Instructions

1. Print in ink or type.
2. 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.
3. 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 Woods Tammy
Last First MI

2. BUSINESS PHONE 225-334-9325
Area Code and Phone Number

3. BUSINESS ADDRESS 4008 Hyacinth Ave. Baton Rouge, La. 70808
Street and No. City State Zip

MAILING ADDRESS
Street and No. City State Zip

SCANNED
MAR 09 2006
By: [illegible]

4. EMPLOYER Publink LLC.

5. EMPLOYER'S ADDRESS 4008 Hyacinth Ave. Baton Rouge, La. 70808
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 Independent Pharmacies Association
Address 4008 Hyacinth Ave. Baton Rouge, La. 70808
Business or purpose professional pharmacist association
Does this person pay you? yes
If No, who pays you?

2006 JAN 18 AM 11:32
RECEIVED

Form 000, Rev. 10/2002

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1223
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/08/06
Ren 2006
#3604
$110.00

1051401

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Woods (Last) Tammy (First) Y (MI)

2. BUSINESS PHONE (225) 334-9325

3. BUSINESS ADDRESS 4008 Hyacinth Ave. Baton Rouge, La. 70808 (Street and No. / City / State / Zip)

MAILING ADDRESS Same (Street and No. / City / State / Zip)

4. EMPLOYER Publink LLC and Louisiana Independent Pharmacies Association

5. EMPLOYER'S ADDRESS 4008 Hyacinth Ave. Baton Rouge, La. 70808 (Street and No. / City / State / Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (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; and (e) the date of termination if applicable.

1. Name Publink LLC.

Address 4008 Hyacinth Ave. Baton Rouge, La. 70808

Business or purpose Governmental agency

☐ New Representation
Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of n/a

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name Publink LLC.

Address 4008 Hyacinth Ave. Baton Rouge, La. 70808

Business or purpose Governmental relations firm

Does this person pay you? YES

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.

Jerry Woods

Signature of Lobbyist

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

Form 000, Rev. 10/2000

AMENDMENT

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name Louisiana Independent Pharmacies Association
Address 4000 Hyacinth Ave. Baton Rouge, La. 70808
Business or purpose professional pharmacy association

☐ New Representation
Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of n/a

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

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 [La. R.S. 24:50 et seq.] has been deliberately omitted.

Tammy Woods
Signature of Lobbyist

Form 501, Rev. 10/2002