LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-25-07
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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.

NAME Cormier (Last) Maxine (First) _____ (MI)

BUSINESSPHONE (225) 761-5007 (Area Code and Phone Number)

BUSINESS ADDRES P. O. Box 4625 (Street and No.) Batob Rouge, (City) LA (State) 70821 (Zip)

MAILING ADDRES (same) (Street and No) (City) (State) (Zip)

EMPLOYER Self-employed

EMPLOYER'S ADE N/A (Street and No.) (City) (State) (Zip)

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 Association for Justice

   Address 442 Europe St., Baton Rouge, LA 70802

   Business or purpose Voluntary bar association

   Does this person pay you? Yes

   If No, who pays you? _____

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CAMPAIGN FINANCE
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2. Name Association for Clinical Social Work

Address 5329 Dijon Dr. Ste. 105, Baton Rouge, LA 70808

Business or purpose association of social workers

Does this person pay you? Yes

If No, who pays you?

3. Name Entergy Corporation, Baton Rouge

Address P. O. Box 2431, Baton Rouge, LA 70821

Business or purpose energy entity

Does this person pay you? Yes

If No, who pays you?

4. Name Louisiana Hospital Association

Address 9521 Brookline Ave., Baton Rouge, LA 70809

Business or purpose association of hospitals

Does this person pay you? Yes

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

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PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

Form 503 Rev. 10/2012

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5. Name The Alchemind Group

Address 5517 Moss Side Lane, Baton Rouge, LA 70808

Business or purpose Association concerned with progressive politics

Does this person pay you? Yes

If No, who pays you?

6. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

7. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

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Form 500, Rev. 10/2002