LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

289
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-12-07
Ren 2007
V#39791
$110
WMI

106223

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 Stich (Last) Emily (First) C. (MI)

2. BUSINESS PHONE (225) 928-5388 (Area Code and Phone Number)

3. BUSINESS ADDRESS 3113 Valley Creek Dr. (Street and No.) Baton Rouge (City) LA (State) 70808 (Zip)

MAILING ADDRESS P. O. Box 80258 (Street and No.) Baton Rouge (City) LA (State) 70898-0258 (Zip)

4. EMPLOYER La. Assn. of Business & Industry

5. EMPLOYER'S ADDRESS 3113 Valley Creek Dr. (Street and No.) Baton Rouge (City) LA (State) 70808 (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 Association of Business & Industry

Address P. O. Box 80258 Baton Rouge LA 70898-0258

Business or purpose Economic development & quality education

Does this person pay you? yes

If No, who pays you?

2007 JAN 12 PM 1:31
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

Form 500, Rev. 10/2002

HAND DELIVERED

LOBBYING REGISTRATION FORM

Lobbyist 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.

Emily C. Stich

Signature of Lobbyist

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

Form 600, Rev. 10/2002