LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1410
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 6-13-07
Reg 2007
✓#10736
$110
wmi

SCANNED
JUL 10 2007
By: [illegible]
1070336

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 LUSCOMBE (Last) GRAIG (First) A. (MI)

2. BUSINESS PHONE 225.927.8837 (Area Code and Phone Number)

3. BUSINESS ADDRESS 9412 Common St., Ste. 5 (Street and No.) Baton Rouge (City), LA (State) 70809 (Zip)

MAILING ADDRESS 9412 Common St., Ste 5 (Street and No.) Baton Rouge (City), LA (State) 70809 (Zip)

4. EMPLOYER Louisiana Retired Teachers Association

5. EMPLOYER'S ADDRESS 9412 Common St., Ste. 5 (Street and No.) Baton Rouge (City), LA (State) 70809 (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 Retired Teachers Association

Address 9412 Common St., Ste. 5 Baton Rouge, LA 70809

Business or purpose To preserve and enhance benefits for retired teachers who taught in Louisiana education institutions

Does this person pay you? Yes

If No, who pays you? _____

Form 509, Rev. 10/2002

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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.

Claire A. Luscombe 6/13/07

Signature of Lobbyist

Form 500, Rev. 06/2002