# LOBBYING REGISTRATION FORM

**To be used for initial registrations and renewals.**

2008

1410

**Lobbyist's Registration Number**

**FOR OFFICE USE ONLY**
Postmark Date: 12-5-07

Ren-08
CK#11002
$110.00

OCR ✓

**1071010**

## 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) Gray (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 protect and enhance benefits available to retirical educators.

Does this person pay you? Yes

If No, who pays you? _____

Form 500, 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.

Signature of Lobbyist

Form 008, Rev. 10/2002