LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2008

1131
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/4/08
Ren-08
Ck# 14766
$110.00

ck

1071150

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 MARRETTA (Last) GEORGE (First) J. (MI)

2. BUSINESS PHONE 225-344-5001 (Area Code and Phone Number)

3. BUSINESS ADDRESS 700 N. 10th Street (Street and No.) Baton Rouge (City) LA (State) 70802 (Zip)

MAILING ADDRESS P.O. Box 4327 (Street and No.) Baton Rouge (City) LA (State) 70821 (Zip)

4. EMPLOYER Louisiana Municipal Association

5. EMPLOYER'S ADDRESS 700 N. 10th Street (Street and No.) Baton Rouge (City) LA (State) 70802 (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.

I. Name Louisiana Municipal Association

Address 700 N. 10th Street Baton Rouge, LA 70802

Business or purpose Non-profit organization providing services to municipal governments

Does this person pay you? Yes

If No, who pays you? _____

LOBBYING REGISTRATION FORM

1131

Lobbyist's 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.

Signature of Lobbyist

Form 500, Rev. 10/2002