LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1472

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/31/08

Reg-08
[illegible]/127
$110.00

ack ✓

1071957

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 BROUSSARD (Last) CARRIE (First) G. (MI)

2. BUSINESS PHONE 337. 852.9192 (Area Code and Phone Number)

3. BUSINESS ADDRESS PO BOX 81172 (Street and No.) Lafayette (City) LA (State) 70598 (Zip)

MAILING ADDRESS 100 Teal Ln. #52 (Street and No.) Lafayette (City) LA (State) 70507 (Zip)

4. EMPLOYER Louisiana Public Health Institute (LPHI)

5. EMPLOYER'S ADDRESS 1515 POYDRAS St. New Orleans, LA 70112 (Street and No. City State 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 Public Health Institute (LPHI)

Address 1515 Poydras St. New Orleans, LA 70112

Business or purpose Public Health

Does this person pay you? Yes

If No, who pays you? _____

Form 800, Rev. 10/2002

HAND DELIVERED

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2. Name The Louisiana Campaign for Tobacco-Free Living
   Address 1515 Poydras St. New Orleans, LA 70112
   Business or purpose Tobacco Prevention and Control
   Does this person pay you? NO
   If No, who pays you? Louisiana Public Health Institute
3. Name Coalition for a Tobacco Free Louisiana
   Address 1515 Poydras St. New Orleans, LA 70112
   Business or purpose Tobacco Prevention and Control
   Does this person pay you? No
   If No, who pays you? Louisiana Public Health Institute
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.

Carrie G Broussard
Signature of Lobbyist

Form 500, Rev. 10/2002