LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1493

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 3-17-08
Reg-08
ck# 1640
$110.00
OCK

1072104

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 Swanner (Last) Amanda (First) L (MI)

2. BUSINESS PHONE (225) 330-4590 (Area Code and Phone Number)

3. BUSINESS ADDRESS 1012 S. Acadian #22 (Street and No.) Baton Rouge (City), LA (State) 70806 (Zip)

MAILING ADDRESS P.O. Box 5094 (Street and No.) Baton Rouge (City), LA (State) 70806 (Zip)

4. EMPLOYER Louisiana Action Council

5. EMPLOYER'S ADDRESS 1012 S. Acadian Thru. #22 (Street and No.) Baton Rouge (City), LA (State) 70806 (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 Action Council

Address 1012 S. Acadian Thru. Baton Rouge, LA 70806

Business or purpose Nonprofit political action group

Does this person pay you? Yes

If No, who pays you? _____

Form 800, 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? _____

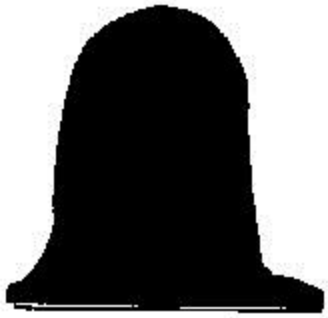
   If No, who pays you?_____ _____ ____

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.

Amanda Swanner

Signature of Lobbyist



Form 600, Rev. 10/2002