LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1510

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 3/31/08
Reg-08
ck#3666
$110.00

1072156

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 BIRDWELL (Last) STACY (First) H (MI)

2. BUSINESS PHONE 318-470-1316 (Area Code and Phone Number)

3. BUSINESS ADDRESS 9021 AURORA LN (Street and No.) SHREVEPORT (City) LA (State) 71115 (Zip)

MAILING ADDRESS SAME AS ABOVE (Street and No.) (City) (State) (Zip)

4. EMPLOYER PROFESSIONAL FIRE FIGHTERS ASSOCIATION OF LA ~~SHREVEPORT FIRE DEPT~~

5. EMPLOYER'S ADDRESS 9021 AURORA LN. SHREVEPORT LA 71115 ~~[illegible] SHREVEPORT LA [illegible]~~ (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 PROFESSIONAL FIRE FIGHTERS ASSOCIATION OF LA.

Address 9021 AURORA LN, SHREVEPORT LA 71115

Business or purpose PUBLIC SERVICE ADVOCATE

Does this person pay you? YES

If No, who pays you? _____

Form 500, Rev 10/2002

HAND DELIVERED

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2. Name SHREVEPORT FIREFIGHTERS ASSOCIATION

Address 9021 AURORA LN SHREVEPORT LA 71115

Business or purpose PUBLIC SAFETY ADVOCATE

Does this person pay you? YES

If No, who pays you?

3. Name N/A

Address

Business or purpose

Does this person pay you?

If No, who pays you?

4. Name N/A

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

[redacted]

Form 500, Rev. 10/2002