EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007
(Fill in year.)

AMENDMENT

550
Executive Lobbyist Registration No.

SCANNED
JUL 2 6 2007
By: (17)

FOR OFFICE USE ONLY
Postmark Date: 7/24/07
2007 Reg
$110
10775
SS
(B) MDO 8/1/07
3070239

2007 JUL 25 PM 2:46
RECEIVED

2007 AUG -8 PM 1:55
RECEIVED

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 Siccone (Last) Renee (First) M. (MI)

2. BUSINESS PHONE (225) 927-8837 (Area Code and Phone Number)

3. FAX NUMBER (225) 927-8838

4. BUSINESS ADDRESS 9412 Common St., #5 (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

MAILING ADDRESS Same (Street and No.) (City) (State) (Zip)

5. EMPLOYER Louisiana Retired Teachers Assn., Inc.

6. EMPLOYER'S ADDRESS 9412 Common St, #5, Baton Rouge, LA 70809 (Street and No. / City / State / Zip)

7. 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 Assn., Inc.

Address 9412 Common St, Suite 5, Baton Rouge LA 70809

Business or purpose To preserve and enhance benefits for Louisiana retired teachers.

Does this person pay you? Yes

If No, who pays you? _____

(E)

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007
(Fill in year.)

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By (G)

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2007 JUL 23 PM 2:46

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Amendment(s) Attached

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1. Name _____

Address _____

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EXECUTIVE LOBBYING REGISTRATION FORM

550
Executive Lobbyist Registration No.

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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

Renee Boccone
Signature of Lobbyist