

EXECUTIVE LOBBYING EXPENDITURE REPORT
FORM 507

- COVERING JANUARY 1 - JUNE 30, _____ - DUE AUGUST 15
 COVERING JANUARY 1 - DECEMBER 31, **2007** - DUE FEBRUARY 15

Mail to: the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808
 OR
 Fax to: (225)763-8787 or (225)763-8780

56
 Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
 Postmark Date: 2/12/08

3071079

1. Name **Spencer** **Adriane**
Last First MI

2. Business Address: **7516 Jeannette Street, New Orleans, LA 70118**
Street and No. City State Zip

Mailing Address **Same as above**

3. Business Phone **(504)866-0990**
Area Code and Telephone Number

4. Total of all executive lobbying expenditures made January 1 through June 30: \$ **0.00**
(Include expenditures from Schedules A and B)

5. Total of all executive lobbying expenditures made July 1 through December 31: \$ **0.00**
(When Applicable) (Include expenditures from Schedules A and B)

6. Total of all executive lobbying expenditures made during calendar year: \$ **0.00**
(Line 4 added to Line 5 should equal Line 6)

7. Did you make an expenditure exceeding \$50 on one occasion for an executive branch official:
 From January 1 through June 30? Yes No
 From July 1 through December 31? Yes No NA

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. Did you make expenditures exceeding the sum of \$250 for an executive branch official:
 From January 1 through June 30? Yes No
 From July 1 through December 31? Yes No NA

If the answer to either question in Number 8 above is YES, complete Schedule A and attach.

9. Did you expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?
 Yes No

If the answer to Number 9 above is YES, complete Schedule B and attach.

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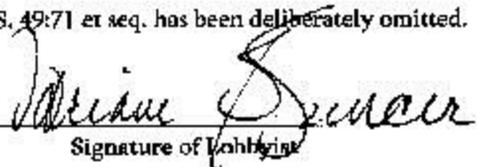
Missing numbered pages were blank and had no information on them.

2) a. Name of Department and Individual Agency: N/A
b. Total of all expenditures made January 1 through June 30: \$ _____
c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
d. Total of all expenditures made during the calendar year: \$ 0.00

3) a. Name of Department and Individual Agency: N/A
b. Total of all expenditures made January 1 through June 30: \$ _____
c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
d. Total of all expenditures made during the calendar year: \$ 0.00

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



Signature of Volunteer