EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008

(Fill in year.)

448

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1/30/08

Ren-08

Ck# 10925
$110.00

ack ✓

3071207

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 McManamon Philip G
   Last First MI

2. BUSINESS PHONE 225-930-7758
   Area Code and Phone Number

3. FAX NUMBER 225-930-7777

4. BUSINESS ADDRESS 7884 Office Park Blvd Baton Rouge LA 70809
   Street and No. City State Zip

   MAILING ADDRESS 7884 Office Park Blvd, Suite 200 Baton Rouge, LA 70809
   Street and No. City State Zip

5. EMPLOYER AT&T Operations, Inc. (parent AT&T Inc.)

6. EMPLOYER'S ADDRESS 7884 Office Park Blvd, Suite 200 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 AT&T Inc. and its Affiliates and Subsidiaries

      Address 7884 Office Park Blvd, Suite 200, Baton Rouge, LA 70809

      Business or purpose Telecommunications Sales and Service

      Does this person pay you? no

      If No, who pays you? AT&T Operations, Inc.

HAND RECEIVED

EXECUTIVE LOBBYING REGISTRATION FORM

448
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.

Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE