EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF _____

(Fill in year)

670

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1/31/09

Reg-08
C 4415
$110.00

ack ✓

3071245

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 Fontenot (Last) Ruth (First) M (MI)

2. BUSINESS PHONE 337 519-9111 (Area Code and Phone Number)

3. FAX NUMBER 337 369-1073

4. BUSINESS ADDRESS 600 Evergreen Dr. (Street and No.) New Iberia (City) LA (State) 70563 (Zip)

MAILING ADDRESS 600 Evergreen Dr. (Street and No.) New Iberia (City) LA (State) 70563 (Zip)

5. EMPLOYER Alzheimer's Association

6. EMPLOYER'S ADDRESS 3717 Government Suite 7 (Street and No.) Alexandria (City), LA (State) 71302 (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 Alzheimer's Association

Address 3717 Government St. Suite 7, Alexandria, LA 71302

Business or purpose Non-Profit Advocacy - people with Alzheimer's disease

Does this person pay you? yes

If No, who pays you? _____

HAND DELIVERED

Form 504, Rev. 7/04

EXECUTIVE LOBBYING REGISTRATION FORM

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.

Ruth Fontenot

Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE