EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008

(Fill in year.)

671

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1/31/08

Reg-08
C/C #1127
$110.00
ACKV

3071246

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 BROUSSARD (Last) CARRIE (First) G. (MI)

2. BUSINESS PHONE 337.852.9192 (Area Code and Phone Number)

3. FAX NUMBER 800-694-2970

4. BUSINESS ADDRESS PO BOX 81172 (Street and No.) LAFAYETTE (City) LA (State) 70598 (Zip)

MAILING ADDRESS 100 Teal Ln, #52 (Street and No.) Lafayette (City) LA (State) 70507 (Zip)

5. EMPLOYER Louisiana Public Health Institute

6. EMPLOYER'S ADDRESS 1515 Poydras St. (Street and No.) New Orleans (City) LA (State) 70112 (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 Public Health Institute

Address 1515 Poydras St. New Orleans, LA 70112

Business or purpose

Does this person pay you? Yes

If No, who pays you?

HAND STAMPED

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name The Louisiana Campaign for Tobacco-Free Living

Address 1515 Poydras St. New Orleans, LA 70112

Business or purpose Tobacco Prevention and control

Does this person pay you? No

If No, who pays you? Louisiana Public Health Institute

3. Name Coalition for a Tobacco Free Louisiana

Address 1515 Poydras St. New Orleans, LA 70112

Business or purpose Tobacco Prevention and Control

Does this person pay you? No

If No, who pays you? Louisiana Public Health Institute

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