EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008

(Fill in year.)

75

Executive Lobbyist Registration No.

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

Rcd ·08
Ck#7355
#110.00

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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 Carville (Last) Donna (First) B (MI)

2. BUSINESS PHONE 225-353-1824 (Area Code and Phone Number)

3. FAX NUMBER 225-353-6852

4. BUSINESS ADDRESS 21255 LA Hwy 1 South, Plaquemine, LA 70764 (Street and No. / City / State / Zip)

MAILING ADDRESS P.O. Box 150, Building 2306, Plaquemine LA 70764 (Street and No. / City / State / Zip)

5. EMPLOYER The Dow Chemical Company

6. EMPLOYER'S ADDRESS 21255 LA Hwy 1 S, Plaquemine, LA 70764 (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 The Dow Chemical Company

Address 21255 LA Hwy 1 S, Plaquemine, LA 70764

Business or purpose manufacturing

Does this person pay you? Yes

If No, who pays you? _____

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

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.

Donna B Carville

Signature of Lobbyist