Executive → NEW Registration
Branch 118 (legislative regist. no.)

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF _____
(Fill in year.)

Executive Lobbyist Registration No. 690

FOR OFFICE USE ONLY
Postmark Date: 2.8.08
Reg. 08
CK# 9154
ack ✓
2071287

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 Desselle, Stephanie
Last First MI

2. BUSINESS PHONE 225 344-2225
Area Code and Phone Number

3. FAX NUMBER 225 338-9470

4. BUSINESS ADDRESS 251 Florida Suite 400 Baton Rouge, LA 70801
Street and No. City State Zip

MAILING ADDRESS P.O. Box 4308 Baton Rouge, LA 70821
Street and No. City State Zip

5. EMPLOYER Council for A Better LA [CABL]

6. EMPLOYER'S ADDRESS P.O. Box 4308 Baton Rouge, LA 70821
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 Council for A Better Louisiana (employer)

Address Same as above

Business or purpose Nonprofit, nonpartisan public interest organization

Does this person pay you? yes

If No, who pays you? _____

EXECUTIVE LOBBYING REGISTRATION FORM

* New Executive Branch Regist.

118 (old legislature no.)

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.

Stephanie Dessille

Signature of Lobbyist

Feb. 8, 2008

Form 504, Rev. 7/04