Amanda Swanner

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008

(Fill in year)

Executive Lobbyist Registration No. 716

FOR OFFICE USE ONLY
Postmark Date: 3-17-08
Reg. 08
CK# 1640
$110
ack✓

3071369

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 SWANNER (Last) AMANDA (First) L (MI)

2. BUSINESS PHONE (225) 330-4590 (Area Code and Phone Number)

3. FAX NUMBER (225) 330-4589

4. BUSINESS ADDRESS 1012 S. ACADIAN Thru. Baton Rouge, LA 70806 (Street and No. / City / State / Zip)

MAILING ADDRESS _____ (Street and No. / City / State / Zip)

5. EMPLOYER Louisiana Action Council

6. EMPLOYER'S ADDRESS 1012 S. ACADIAN Thru. Baton Rouge, LA 70806 (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 LA Action Council

Address 1012 S. Acadian Thru. Suite 22 B.R., LA 70806

Business or purpose Political Action Group

Does this person pay you? Yes

If No, who pays you? _____

Form 504, Rev. 7/00

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name LA Action Council

Address 1012 S. Acadian Thru. Suite 22 B.R., LA 70806

Business or purpose Political Action Group

Does this person pay you? Yes

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]

Signature of Lobbyist

Form 310, Rev. 7/08

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EXECUTIVE LOBBYING REGISTRATION/RENEWAL ATTACHMENT FORM

Instructions:

- Please make as many copies of this form as necessary in order to complete Question 7 of the Executive Lobbying Registration/Renewal Form.
- Fill in your Executive Lobbyist Registration No. in the space provided in the upper right hand corner of the page.
- Please identify each page with a page number and indicate the total number of pages being submitted.

1. Name LA Action Council
   Address 1012 3 Acadian Thru, Suite 22 B.R., LA 70806
   Business or purpose Political Action Council
   Does this person pay you? Yes
   If No, who pays you? _____

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? _____

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TOTAL P.03