

Lobbyist Registration Form
Louisiana Board of Ethics



Demographic Information:

Title: Miss.

Lobbyist ID: LB00000320

First Name: MANDI

Last Name: MITCHELL

Middle Name: _____

Change First Name: _____

Change Last Name: _____

Change Middle Name: _____

Branch: Leg

Address Information:

Street: PO BOX 60478

City: LAFAYETTE

State: Louisiana

Zip Code: 70596

Email: MANDI.MITCHELL@ATT.COM

Phone: 337-349-5825 Ext: _____

Fax: _____

Employer Information:

Employer Name: MANDI D. MITCHELL, LLC

Address Information:

Street: PO BOX 60478

City: LAFAYETTE

State: Louisiana

Zip Code: 70596

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Information about person, group or organization which you represent:

Representative Name : AT&T, Inc. and its affiliates and subsidiaries.

Branch: Leg

Business Description : TEELECOMMUNICATIONS SERVICES: PHONE, INTERNET,
TELEVISION, AND WIRELESS SERVICES FOR RESIDENTIAL AND

Address: Street: 365 CANAL ST, SUITE 3050

City: NEW ORLEANS

State: Louisiana

Zip Code: 70130

Paid by representation: Yes

Payment Category: \$50,000 - \$99,999

If **No**, who pays you:

Subject Matter 1: Telecommunications

Subject Matter 2:

Subject Matter 3:

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Picture:

