

Lobbyist Registration Form
Louisiana Board of Ethics



Demographic Information:

Title: Miss.

Lobbyist ID: LB00000432

First Name: Ligia

Last Name: Ayala

Middle Name: Betsabe

Change First Name: _____

Change Last Name: _____

Change Middle Name: _____

Branch: Leg

Address Information:

Street: 12015 Justice Avenue

City: Baton Rouge

State: Louisiana

Zip Code: 70816

Email: layala@marchofdimes.com

Phone: 225-295-0655

Ext: _____

Fax: 225-295-0677

Employer Information:

Employer Name: March of Dimes Louisiana Chapter

Address Information:

Street: 12015 Justice Avenue

City: Baton Rouge

State: Louisiana

Zip Code: 70816

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Information about person, group or organization which you represent:

Representative Name : March of Dimes

Branch: Leg and Exec

Business Description : The mission of the March of Dimes is to improve the health of babies by preventing birth defects, preterm birth and infant mortality. This is

Address: Street: 12015 Justice Avenue

City: Baton Rouge

State: Louisiana

Zip Code: 70816

Paid by representation: Yes

Payment Category: \$24,999 or less

If **No**, who pays you:

Subject Matter 1: Charities and social services, faith-based organizations, and community outreach

Subject Matter 2: Health care: physicians; nurse practitioners; nurses

Subject Matter 3:

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Picture:

