

Lobbyist Registration Form
Louisiana Board of Ethics



Demographic Information:

Title: Miss.

Lobbyist ID: LB00000443

First Name: Daryl Last Name: Blacher Middle Name: Elizabeth

Change First Name: _____ Change Last Name: _____ Change Middle Name: _____

Branch: Leg and Exec

Address Information:

Street: 301 Main Street, Suite 1012

City: Baton Rouge State: Louisiana Zip Code: 70825

Email: dblacher@aarp.org

Phone: 225-376-1144 Ext: _____

Fax: 225-387-3400

Employer Information:

Employer Name: AARP Louisiana

Address Information:

Street: 301 Main Street, Suite 1012

City: Baton Rouge State: Louisiana Zip Code: 70825

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Information about person, group or organization which you represent:

Representative Name : AARP

Branch: Leg

Business Description : National,non-profit, nonpartisan membership organization

Address: Street: 301 Main Street, Suite 1012

City: Baton Rouge

State: Louisiana

Zip Code: 70825

Paid by representation: Yes

Payment Category: \$24,999 or less

If **No**, who pays you:

Subject Matter 1: Health care: hospitals; nursing homes; elderly care; hospice

Subject Matter 2: Charities and social services, faith-based organizations, and community outreach

Subject Matter 3: Unions, labor issues, and special advocacy groups.

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Information about Business Relationships:

Person's Name : N/A

Indicated Title : n/a

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Picture:

