

Lobbyist Registration Form
Louisiana Board of Ethics



Demographic Information:

Title: Miss.

Lobbyist ID: LB00000674

First Name: Debra Last Name: West Middle Name: K

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

Branch: Leg

Address Information:

Street: 101 Constitution Avenue, NW, Suite

City: Washington State: District of Zip Code: 20001

Email: debwest@acli.com

Phone: 515-288-1877 Ext: _____

Fax: 202-572-4735

Employer Information:

Employer Name: American Council of Life Insurers

Address Information:

Street: 101 Constitution Avenue, NW,

City: Washington State: District of Zip Code: 20001

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Information about person, group or organization which you represent:

Representative Name : American Council of Life Insurers

Branch: Leg

Business Description : Trade association for the purpose of lobbying all matters pertaining to life insurance.

Address: Street: 101 Constitution Avenue, NW, Ste700

City: Washington

State: District of Columbia

Zip Code: 20001

Paid by representation: Yes

Payment Category: \$100,000 - \$249,999

If **No**, who pays you:

Subject Matter 1: Insurance

Subject Matter 2: Banking, financial, and accounting

Subject Matter 3:

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Picture:

