

Lobbyist Registration Form  
Louisiana Board of Ethics



**Demographic Information:**

Title: Mrs.

Lobbyist ID: LB00000708

First Name: Ayala

Last Name: Ligia

Middle Name: Betsabe

Change First Name: \_\_\_\_\_

Change Last Name: \_\_\_\_\_

Change Middle Name: \_\_\_\_\_

Branch: Exec

**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 Louisiana Chapter

Branch: Exec

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

**Address:** Street: 12015 Justice Avenue

City: Baton Rouge

State: Louisiana

Zip Code: 70816

Paid by representation: Yes

Payment Category: \$25,000 - \$49,999

If **No**, who pays you:

Subject Matter 1:

Subject Matter 2:

Subject Matter 3:

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**Picture:**

