

Lobbyist Registration Form
Louisiana Board of Ethics



Demographic Information:

Title: Mr.

Lobbyist ID: LB00000718

First Name: Tracy Last Name: Smith Middle Name: Donovan

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

Branch: Leg

Address Information:

Street: 4013 Hyacinth Ave

City: Baton Rouge

State: Louisiana

Zip Code: 70808

Email: tsmith1887@gmail.com

Phone: 225-405-4004 Ext: _____

Fax: _____

Employer Information:

Employer Name: Self Employed

Address Information:

Street: 4013 Hyacinth Ave

City: Baton Rouge

State: Louisiana

Zip Code: 70808

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Information about person, group or organization which you represent:

Representative Name : Smith and Associates, LLC

Branch: Leg and Exec

Business Description : Legislative and Governmental Relations

Address: Street: 4013 Hyacinth Ave

City: Baton Rouge

State: Louisiana

Zip Code: 70808

Paid by representation: No

Payment Category: \$24,999 or less

If **No**, who pays you: Clients

Subject Matter 1:

Subject Matter 2:

Subject Matter 3:

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Picture:

