LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2000

174

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-10-00
Pay
VH 100%
$10.00
KSD

1000051

Instructions

- Print in ink or type.
- Complete form and return with $10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME FUGLER, JR ALLEN M.
   Last First MI

2. BUSINESSPHONE 225-924-2742
   Area Code and Phone Number

3. BUSINESS ADDRESS 8405 CYPRESS POINT BATON ROUGE, LA 70809
   Street and No. City State Zip

   MAILING ADDRESS SAME AS ABOVE
   Street and No. City State Zip

4. EMPLOYER AMF GOVERNMENT RELATIONS

5. EMPLOYER'S ADDRESS 8405 CYPRESS POINT BATON ROUGE, LA 70809
   Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

   1. Name LOUISIANA ATHLETIC TRAINERS ASSOCIATION
      C/O GERALD WATTE, TREASURER

      Address NICHOLS STATE UNIVERSITY PO BOX 2032 Thibodeaux, LA 70301

      Business or purpose NON PROFIT TRADE ASSOCIATION

      Does this person pay you? YES

      If No, who pays you? _____

Form 600, Rev. 6/99

HAND DELIVERED

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name LOUISIANA PEST CONTROL ASSOCIATION

Address 3042 OLD FORGE DRIVE, BR, LA 70808

Business or purpose NOT-FOR PROFIT TRADE ASSOCIATION

Does this person pay you? NO

If No, who pays you? LPCA; LOUISIANA PEST CONTROL INSURANCE COMPANY

3. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

4. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 500, Rev. 0/99