LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2001

140

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12-4-00
Reg
5431
$10.00
RS

1001715

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 BYERS - DESSELLE VONNIE M.
   Last First MI

2. BUSINESSPHONE (225) 295-1300
   Area Code and Phone Number

3. BUSINESS ADDRESS 11918 BRICKSOME AVENUE, BATON ROUGE, LA 70816
   Street and No. City State Zip

   MAILING ADDRESS P. O. BOX 40183, BATON ROUGE, LA 70835
   Street and No. City State Zip

4. EMPLOYER LOUISIANA FINANCE ASSOCIATION

5. EMPLOYER'S ADDRESS 11918 BRICKSOME AVENUE, STE A, BATON ROUGE, LA 70816
   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 FINANCE ASSOCIATION

      Address 11918 BRICKSOME AVENUE, SUITE A, BATON ROUGE, LA 70816

      Business or purpose TRADE ASSOCIATION (FINANCE COMPANIES)

      Does this person pay you? NO

      If No, who pays you? IT IS PART OF MY SALARY AND JOB TO MONITOR BILLS THAT AFFECT OUR INDUSTRY AND REPORT TO OUR LOBBYIST AND LEGISLATIVE CHAIRMAN

LOBBYING REGISTRATION FORM

140
Lobbyist's Registration Number

2. Name NONE

Address

Business or purpose

Does this person pay you?

If No, who pays you?

3. Name NONE

Address

Business or purpose

Does this person pay you?

If No, who pays you?

4. Name NONE

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

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

Form 600, Rev. 6/99