LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

661
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12-27-00

Rec
1-1001315
$10.00
KS.

1001857

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 **Burford** (Last) **Frederick** (First) **W.** (MI)

2. BUSINESSPHONE **(504)533-6082**
Area Code and Phone Number

3. BUSINESS ADDRESS **One Canal Place, 365 Canal Street, Suite 900, New Orleans, LA 70130**
Street and No. City State Zip

MAILING ADDRESS **One Canal Place, 365 Canal Street, Suite 900, New Orleans, LA 70130**
Street and No. City State Zip

4. EMPLOYER **JCC Holding Company**

5. EMPLOYER'S ADDRESS **One Canal Place, 365 Canal Street, Suite 900, New Orleans, LA 70130**
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 **JCC Holding Company and Jazz Casino Company, LLC**

Address **One Canal Place, 365 Canal Street, Suite 900, New Orleans, LA 70130**

Business or purpose **Harrah's New Orleans Land Based Casino**

Does this person pay you? **YES**

If No, who pays you?

Lobbyist's Registration Number 001

2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

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

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