122931

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

251
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-11-01
J# 122931
#1022

1010055

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 FIERKE (Last) THOMAS (First) G. (MI)

2. BUSINESSPHONE (504) 257-4112 (Area Code and Phone Number)

3. BUSINESS ADDRESS LOCKHEED MARTIN SPACE SYSTEMS COMPANY 13800 OLD GENTILLY ROAD (Street and No.) NEW ORLEANS (City), LA (State) 70129 (Zip)

MAILING ADDRESS P. O. BOX 29304 (Street and No.), NEW ORLEANS (City), LA (State) 70189 (Zip)

4. EMPLOYER LOCKHEED MARTIN SPACE SYSTEMS COMPANY, MICHOUD OPERATIONS

5. EMPLOYER'S ADDRESS 13800 OLD GENTILLY ROAD (Street and No.) NEW ORLEANS (City), LA (State) 70129 (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 LOCKHEED MARTIN SPACE SYSTEMS COMPANY, MICHOUD OPERATIONS

Address P.O. BOX 29304 - NEW ORLEANS, LA 70189

Business or purpose AEROSPACE

Does this person pay you? YES

If No, who pays you?

2001 JAN 17 PM 3:20
ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED

Form 600 Rev. 0/98

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Lobbyist's Registration Number

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

Form 500, Rev. 6/99