7

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

8

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-3-07

1010107

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 BARES (Last) ALLEN (First) R. (MI)

2. BUSINESS PHONE (337) 234-5025 (Area Code and Phone Number)

3. BUSINESS ADDRESS 110 E. Kaliste Saloom Road (Street and No.) Lafayette (City), La. (State) 70508 (Zip)

MAILING ADDRESS P.O. Box 80655 (Street and No.), Lafayette (City), La. (State) 70598 (Zip)

4. EMPLOYER Allen R. Bares

5. EMPLOYER'S ADDRESS 110 E. Kaliste Saloom Road (Street and No.), Lafayette (City), La. (State) 70508 (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.

A. Name Evangeline Downs, Inc.

Address P.O. Box 90270, Lafayette, La. 70509

Business or purpose racetrack/horseracing

Does this person pay you? yes

If No, who pays you?

Date 1/8/07

Form 590 Rev. 8/98

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2. Name Delta Downs, Inc.

Address P.O. Box 175, Vinton, LA 70668

Business or purpose racetrack/horseracing

Does this person pay you? yes

If No, who pays you?

3. Name GlaxoWellcome, Inc.

Address Five Moore Drive, Research Triangle Park, N.C.

Business or purpose pharmaceuticals

Does this person pay you? yes

If No, who pays you?

4. Name La. Association of Insurance & Financial Advisors

Address 5526 Galeria Drive, Baton Rouge, La. 70816

Business or purpose life insurance

Does this person pay you? yes

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
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PHOTOGRAPH
HERE
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Form 500, Rev. 5/98

LOBBYING REGISTRATION FORM

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5. Name American Check Cashers, Inc.

Address 600 Jefferson Street Box 98, Lafayette, La. 70501

Business or purpose check cashing

Does this person pay you? yes

If No, who pays you?

6. Name City/Parish of Lafayette

Address Lafayette, Louisiana

Business or purpose city government

Does this person pay you? yes

If No, who pays you?

7. Name Lafayette Economic Devlopment Authority

Address 211 E. Devalcourt, Lafayette, La. 70506

Business or purpose economic development

Does this person pay you? yes

If No, who pays you?

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Form 500, Rev. 5/99

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8.
Lobbyist's Registration Number

8. Name Louisiana Association of Indigent Defenders

Address P.O. Box 82394, Lafayette, La. 70598

Business or purpose criminal defense

Does this person pay you? yes

If No, who pays you?

Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

CERTIFICATION OF ACCURACY

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Form 501, Rev. 6/98