LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

639

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-23-01
Reg
LA 3954
$10.00
KS

1010118

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 McCleary (Last) Michael (First) L. (MI)

2. BUSINESSPHONE (225) 634-2190 (Area Code and Phone Number)

3. BUSINESS ADDRESS 18 Dogwood Trace (Street and No.) The Bluffs (City) LA (State) 70748 (Zip)

MAILING ADDRESS Same (Street and No.) (City) (State) (Zip)

4. EMPLOYER McCleary and Associates Inc

5. EMPLOYER'S ADDRESS 18 Dogwood Trace (Street and No.) The Bluffs (City) LA (State) 70748 (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 Walgreens Drug Stores

Address 200 Wilmot Rd Deerfield IL 60015

Business or purpose Retail pharmacy

Does this person pay you? Yes

If No, who pays you?

SCANNED

HAND DELIVERED

Form 600, Rev. 6/99

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√2. Name The Cigar Association of America, Inc
Address 1707 H Street NW Ste 800 Washington DC 20006
Business or purpose Trade Association
Does this person pay you? Yes
If No, who pays you?

3. Name Waste Management of Louisiana
Address 15140 Intracoastal Dr New Orleans LA 7018
Business or purpose Environmental Services
Does this person pay you? Yes
If No, who pays you?

√4. Name Calcasieu Parish Police Jury
Address PO Box 1583 Lake Charles LA 70602
Business or purpose local governmental entity
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 2" x 2" PHOTOGRAPH HERE FOR INITIAL REGISTRATION ONLY

Form 500 Rev. 10/00

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✓ 5 Name Jazz Casino Company

Address One Canal Place 365 Canal St Ste 2820 New Orleans LA 70130

Business or purpose Taxes and fiscal issues

Does this person pay you? Yes

If No, who pays you?

✓ 6 Name Council of Louisiana Trustees

Address 33 Neron Place New Orleans LA 70118

Business or purpose Professional Organization

Does this person pay you? Yes

If No, who pays you?

4. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

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Form-5A Rev 8/95