LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

226

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-23-01
Rec'd
VH-25958
$10.00
KB

1010277

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 Albright (Last) Jeff (First) ____ (MI)

2. BUSINESSPHONE 225-819-8007 (Area Code and Phone Number)

3. BUSINESS ADDRESS 9818 Bluebonnet Blvd. B (Street and No.) ____ (City) ____ (State) ____ (Zip)

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

4. EMPLOYER Independent Insurance Agts of LA.

5. EMPLOYER'S ADDRESS Same As Above (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 Independent Insurance Agents of LA, Inc.

Address 9818 Bluebonnet Blvd., Baton Rouge, LA 70810

Business or purpose Trade Association

Does this person pay you? Yes

If No, who pays you? —

2001 JAN 23 AM 9:40

ETHICS ADMINISTRATION
RECEIVED

Form 500 Rev. 6/99

LOBBYING REGISTRATION FORM

226
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 300, Rev. 6/99