LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

341

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-24-01

J-H-14761
$10.00
RD

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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 Ferachi (Last) Norman C. (First) (MI)

2. BUSINESSPHONE (225) 387-3261 (Area Code and Phone Number)

3. BUSINESS ADDRESS 603 Europe St. (Street and No.) Baton Rouge, (City) LA (State) 70802 (Zip)

MAILING ADDRESS 603 Europe St. (Street and No.) Baton Rouge, (City) LA (State) 70802 (Zip)

4. EMPLOYER Norman C. Ferachi < Associates, Inc.

5. EMPLOYER'S ADDRESS 603 Europe St. (Street and No.) Baton Rouge, (City) LA (State) 70802 (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 Louisiana Soft Drink Association

Address 603 Europe St. Baton Rouge, LA 70802

Business or purpose Business association

Does this person pay you? No

If No, who pays you? Norman C. Ferachi < Associates, Inc.

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Form 500, Rev. 8/00

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2. Name Louisiana Association of Plumbing-Heating-Cooling Contractors

Address 603 Europe St. Baton Rouge, LA 70802

Business or purpose Trade association

Does this person pay you? No

If No, who pays you? Norman C. Ferachi & Associates, Inc.

3. Name Norman C. Ferachi & Associates, Inc.

Address 603 Europe St. Baton Rouge, LA 70802

Business or purpose Association management company

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?

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 SCO, Rev. 0/99