LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2001

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-31-01

Reg
#105
$100
KD

1010475

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 McCormick (Last) CHERYL (First) P. (MI)

2. BUSINESSPHONE 225-387-5960 (Area Code and Phone Number)

3. BUSINESS ADDRESS 611 North St. (Street and No.) Baton Rouge (City) LA (State) 70802 (Zip)

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

4. EMPLOYER CMC & Associates, LLC

5. EMPLOYER'S ADDRESS 1310 Drehr Ave (Street and No.) Baton Rouge (City) LA (State) 70806 (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 LA CABLE & TELECOMMUNICATIONS ASSOCIATION

Address 611 North Street BR-LA 70802

Business or purpose TRADE ASSOCIATION

Does this person pay you? No

If No, who pays you? CMC & Associates

HAND DELIVERED

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2. Name AMERICAN MASSAGE THERAPY ASSOC.- LA CHAPTER

Address 11224 BOARDWALK DR. SUITE C-1 BR-LA 70816

Business or purpose PROFESSIONAL ASSOCIATION

Does this person pay you? No

If No, who pays you? CMC & ASSOCIATES, LLC

3. Name CMC & ASSOCIATES, LLC

Address 1310 DREHR AVE. BR-LA 70806

Business or purpose CONSULTING-/LOBBYING

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.

Cheryl P. McCormick

Signature of Lobbyist

ATTACH 2" x 2" PHOTOGRAPH HERE FOR INITIAL REGISTRATION ONLY