LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

948
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: [illegible]

1010655

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 Daigle (Last) Christopher (First) J. (MI)

2. BUSINESSPHONE 504-628-6435 (Area Code and Phone Number)

3. BUSINESS ADDRESS P.O. Box 53075 (Street and No.) New Orleans (City) LA (State) 70153 (Zip)

MAILING ADDRESS 1222 Esplanade Ave. (Street and No.) New Orleans (City) LA (State) 70153 (Zip)

4. EMPLOYER Tulane University

5. EMPLOYER'S ADDRESS 6823 St. Charles Ave. (Street and No.) New Orleans (City) LA (State) 70118 (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 Electorate of Gays & Lesbians, Inc.

Address P.O. Box 70344 New Orleans, LA 70172-0344

Business or purpose Gay & Lesbian Advocacy & Education

Does this person pay you? No

If No, who pays you? Tulane University - On loan to above for duration of session

HAND DELIVERED

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2. Name LOUISIANA LESBIAN & GAY POLITICAL ACTION CAUCUS

Address P.O. BOX 53075 NEW ORLEANS LA 70153

Business or purpose CIVIL RIGHTS POLITICAL ACTION COMMITTEE

Does this person pay you? NO

If No, who pays you? NOT PAID - VOLUNTEER WORK

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