LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

206

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/2/01
2002 Reg
✓# 20822
2410.00 PRS

1011622

Instructions

- Print in ink or type.
- Complete form and return with $110 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 PICKERING (Last) KENNETH (First) E. (Mi)

2. BUSINESSPHONE (504) 581-1222 (Area Code and Phone Number)

3. BUSINESS ADDRESS 301 MAGAZINE ST., THIRD FL., NEW ORLEANS, LA 70130 (Street and No. / City / State / Zip)

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

4. EMPLOYER PICKERING & COTOGNO A PLLC

5. EMPLOYER'S ADDRESS 301 MAGAZINE ST., THIRD FL., NEW ORLEANS, LA 70130 (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 LOUISIANA FINANCE ASSOCIATION

Address 11918 BRICKSOME AVE., SUITE A, P.O. BOX 40183, BATON ROUGE, LA 70835

Business or purpose FINANCE

Does this person pay you? YES

If No, who pays you?

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2. Name CRESCENT CITY CONNECTION DIV., DEPT. OF TRANSPORTATION & DEVELOPMENT

Address POST OFFICE BOX 6297, NEW ORLEANS, LA 70174

Business or purpose BRIDGE (CCC)

Does this person pay you? YES

If No, who pays you?

3. Name LOUISIANA CONSUMER FINANCE ASSOCIATION

Address POST OFFICE BOX 15121, BATON ROUGE, LA 70895

Business or purpose FINANCE

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 500, Rev. 7/2001