LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

937
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/3/01
2002 REG
✓ + 2377
$110.00 ARS

1011624

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 Duty (Last) Wade (First) D. (MI)

2. BUSINESSPHONE (225)344-0037 (Area Code and Phone Number)

3. BUSINESS ADDRESS 100 Nth 10th St. Suite 210 (Street and No.) Baton Rouge (City) Louisiana (State) 70802 (Zip)

MAILING ADDRESS P.O. Box 3801 (Street and No.) Baton Rouge (City) Louisiana (State) 70821 (Zip)

4. EMPLOYER Casino Association of Louisiana

5. EMPLOYER'S ADDRESS 100 Nth 10th Street (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 Casino Association of Louisiana

Address P.O. Box 3801, Baton Rouge, Louisiana 70821

Business or purpose Trade Association for licensed riverboat casinos

Does this person pay you? yes

If No, who pays you?

Form 570, Rev. 7/2001

LOBBYING REGISTRATION FORM

937
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 Wade O. Duty

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

Form 500, Rev. 7/2001