LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

231

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/5/01
2002 Reg
V#-99916PS
$110.00 AR-S

1011630

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 Walter, III (Last) Gerald (First) L. (MI)

2. BUSINESSPHONE 225/387-3221 (Area Code and Phone Number)

3. BUSINESS ADDRESS 451 Florida St., 8th Floor, Bank One Centre, Baton Rouge, LA (Street and No. / City / State / Zip)

MAILING ADDRESS P. O. Box 2471, Baton Rouge, LA 70821 (Street and No. / City / State / Zip)

4. EMPLOYER Taylor, Porter, Brooks & Phillips, L.L.P.

5. EMPLOYER'S ADDRESS same as above (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 Waste Management of Louisiana, L.L.C.

Address 29385 Woodside Drive, Walker, LA 70785

Business or purpose Collection, transportation, treatment and disposal of wastes.

Does this person pay you? Yes.

If No, who pays you?

Form 500, Rev. 7/2001

HAND DELIVERED

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2. Name Chemical Waste Management, Inc.

Address 7170 John Branon Road, Sulphur, LA 70663

Business or purpose Collection, transportation, treatment and disposal of wastea

Does this person pay you? yes.

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

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

Form 300, Rev. 7/2001