LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

169
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/4/01
2002 REG
$110.00 ✓ #50216
AB

1011633

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 Loy (Last) O. (First) Fred (MI)

2. BUSINESS PHONE 225/346-0073 (Area Code and Phone Number)

3. BUSINESS ADDRESS 450 Laurel Street, Suite 1060, Baton Rouge, LA 70801 (Street and No. / City / State / Zip)

   MAILING ADDRESS P. O. Box 1546, Baton Rouge, LA 70821 (Street and No. / City / State / Zip)

4. EMPLOYER Governmental Corporate Consultants

5. EMPLOYER'S ADDRESS P. O. Box 1546, Baton Rouge, LA 70821 (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 Governmental Corporate Consultants

      Address P. O. Box 1546, Baton Rouge, LA 70821

      Business or purpose Governmental Affairs

      Does this person pay you? Yes

      If No, who pays you?

Form 606, Rev. 7/2001

HAND DELIVERED

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2. Name Committee of 100 for Economic Development

Address P. O. Box 1546, Baton Rouge, LA 70821

Business or purpose Research Economic Development Issues

Does this person pay you? Yes

If No, who pays you?

3. Name Committee for a SECURE Louisiana

Address P. O. Box 1546, Baton Rouge, LA 70821

Business or purpose Governmental Reform

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

O. Fred Loy

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

Form 500, Rev. 7/2001