LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

#303

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/5/01
2002 Reg
√#42243
$110.00 PRS

1011649

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 Judice (Last) Ronald (First) J. (MI)

2. BUSINESSPHONE 337-233-7430 (Area Code and Phone Number)

3. BUSINESS ADDRESS 600 Jefferson St/Ste. 800 (Street and No.) Lafayette (City) LA (State) 70502 (Zip)

MAILING ADDRESS P.O. Drawer Z (Street and No.) Lafayette (City) LA (State) 70502 (Zip)

4. EMPLOYER Roy, Bivins, Judice, Roberts & Wartelle

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 Louisiana Energy & Power Authority ("LEPA)

Address 210 Venture Way, Lafayette LA 70507-5319

Business or purpose a political subdivision of the State of Louisiana as a joint agency for municipalities in furnishing electric power and energy to the membership.

Does this person pay you? LEPA pays Roy, Bivins, Judice, Roberts & Wartelle for services rendered and the law firm pays me a salary.

If No, who pays you?

Form 500, Rev. 7/2001

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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

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

Form 500, Rev. 7/2001