LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

442

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/7/01

2002 Lobbying Registration
V# 2510
$110.00 ARS

1011659

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 Risinger (Last) William (First) C. Jr. (MI) OD.

2. BUSINESSPHONE 318-442-5602 (Area Code and Phone Number)

3. BUSINESS ADDRESS 3908 Parliament Dr. (Street and No.) Alex (City) La. (State) 71303 (Zip)

MAILING ADDRESS P.O Box 13462 (Street and No.) Alex (City) LA. (State) 71315-3462 (Zip)

4. EMPLOYER Advise & Consent, Inc

5. EMPLOYER'S ADDRESS 3908 Parliament Dr. (Street and No.) Alex (City) La. (State) 71303 (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 State Association of Optometrists

Address 115 B North 13th Oakdale, La. 71463

Business or purpose Promote visual health of Louisiana residents and maintain integrity of the optometric profession

Does this person pay you? yes

If No, who pays you?

Form 500, Rev. 7/2001

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[illegible]
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

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

Form 500, Rev. 7/2001