LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

	8

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/31/01

2002 Reg.
✓ # 3187
$110.00 ARS

1011795

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 Hightower (Last) John (First) S. (MI)

2. BUSINESSPHONE 225-766-3364 (Area Code and Phone Number)

3. BUSINESS ADDRESS 231 E. Woodgate Ct., Baton Rouge, La. 70808-5408 (Street and No. / City / State / Zip)

MAILING ADDRESS 231 E. Woodgate Ct, Baton Rouge, La. 70808-5408 (Street and No. / City / State / Zip)

4. EMPLOYER John S. Hightower, Public Affairs Counsel

5. EMPLOYER'S ADDRESS 231 E. Woodgate Ct, Baton Rouge, La. 70808-5408 (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 Baton Rouge Technology Council

Address 7117 Florida Blvd.; Baton Rouge, La. 70806

Business or purpose Membership Organization to promote success for Technology Industry

Does this person pay you? ✓ yes

If No, who pays you?

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2. Name La. Society of Hearing Aid Specialists, Inc.

Address P.O. Box 1022, Crowley, La. 70527

Business or purpose Trade Association representing licensed industry, retail oriented

Does this person pay you? yes

If No, who pays you?

3. Name St. Gerard's Adoption Network, Inc.

Address P.O. Drawer 1260, Eunice, La. 70535

Business or purpose Adoption, Adoption Services, Arrangement, Legislation, etc.

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

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

Form 500, Rev. 7/2001