LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

157

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/5/02
2002 Reg
✓ # 102-E
$110.00 ARS

1020061

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 ADAM (Last) GINGER (First) E. (MI)

2. BUSINESSPHONE 225.767.5151 (Area Code and Phone Number)

3. BUSINESS ADDRESS 10652 Molly Avenue (Street and No.) Baton Rouge (City) LA (State) 70810 (Zip)

MAILING ADDRESS SAME (Street and No.) (City) (State) (Zip)

4. EMPLOYER GINGER E. ADAM, L.L.C. (SELF)

5. EMPLOYER'S ADDRESS SAME (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 Bossier City Mayor's Office

Address Post Office Box 5337 Bossier City, LA 71171-5337

Business or purpose municipality

Does this person pay you? Yes

If No, who pays you? _____

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2. Name Louisiana Conference of Mayors
Address Post Office Box 4327 Baton Rouge, LA 70821
Business or purpose nonprofit local government organization
Does this person pay you? Yes
If No, who pays you?

3. Name Louisiana Municipal Association
Address Post Office Box 4327 Baton Rouge, LA 70821
Business or purpose nonprofit local government organization
Does this person pay you? Yes
If No, who pays you?

4. Name Port of Lake Charles Board of Commissioners
Address Post Office Box 3753 Lake Charles, LA 70602
Business or purpose port/political subdivision of the state
Does this person pay you? Yes
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.

Ginger Adam
Signature of Lobbyist

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

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2. Name CLECO CORPORATION

Address Post Office Box 5000 Pineville, LA 71361

Business or purpose Power Company

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?

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Gregory Adam
Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
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ONLY

Form 300, Rev. 7/2001