LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

379
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/11/02
Rely
✓ #2506
$110.00 ARS
1020173

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 WAINWRIGHT (Last) MICHAEL (First) H. (MI)

2. BUSINESS PHONE 318 470 9393 (Area Code and Phone Number)

3. BUSINESS ADDRESS 3201 Dee Street (Street and No.) Shreveport (City) LA (State) 71105 (Zip)

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

4. EMPLOYER self

5. EMPLOYER'S ADDRESS _____ (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 City of Shreveport

Address Box 31109 Shreveport LA 71130

Business or purpose City Government

Does this person pay you? yes

If No, who pays you? _____

Form 500, Rev. 7/2001

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2. Name Chiropractic Assn of La
Address 3070 Teddy Drive, Suite A Baton Rouge LA 70809
Business or purpose professional trade association
Does this person pay you? yes
If No, who pays you?

3. Name La Chapter of Nat'l Emergency Number Assoc.
Address 1125 Texas Ave Shreveport LA 71101
Business or purpose public safety 9-1-1 Association
Does this person pay you? yes
If No, who pays you?

4. Name La Chapter of Assoc of Public Safety Communication Officers
Address 1125 Texas Ave Shreveport LA 71101
Business or purpose public safety 9-1-1 association
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.

Michael H Wainwright
Signature of Lobbyist

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

Form 1Gn, Rev. 7/2001