LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

393

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/14/02
Reg
V#3749
$110.00 ARS

1020190

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 Bishop (Last) Cindy (First) G. (MI)

2. BUSINESSPHONE (225) 923-1599 (Area Code and Phone Number)

3. BUSINESS ADDRESS P.O. Box 80053, Baton Rouge LA 70898 (Street and No. / City / State / Zip)

MAILING ADDRESS Same As Above (Street and No. / City / State / Zip)

4. EMPLOYER Checkmate Strategies

5. EMPLOYER'S ADDRESS PO Box 80053, Baton Rouge LA 70898 (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.

See attached

1. Name La Society of Anesthesiologists

Address 5114 Lost Oak Drive, Baton Rouge LA 708

Business or purpose Voluntary, non-profit trade association

Does this person pay you? yes

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.

Cindy D. Bishop

Signature of Lobbyist

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

Form 500, Rev. 1/2001

LOBBYING REGISTRATION FORM

CINDY BISHOP

Louisiana Orthopaedic Association
3900 N Causeway Blvd #1470
Metairie, LA 70002
Business or purpose: non-profit, voluntary healthcare trade association
Does this person pay you? Yes

Louisiana Ambulatory Surgery Association
901 Wilson Street
Lafayette, LA 70503
Business or purpose: non-profit, voluntary healthcare trade association
Does this person pay you? Yes

Louisiana Meat Industry Association
P O Box 599
Covington, LA 70434
Business or purpose: non-profit, voluntary trade association
Does this person pay you? Yes

Louisiana State Assembly on School Based Health Care
5300 Law Street
New Orleans, LA 70117
Business or purpose: non-profit, voluntary healthcare trade association
Does this person pay you? Yes