LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4.2.02
Reg
V#8615
$110.00 ARS

1020853

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 Sanchez (Last) William (First) _____ (MI)

2. BUSINESSPHONE 504-821-2506 (Area Code and Phone Number)

3. BUSINESS ADDRESS 329 S. Dorgenois St., New Orleans, LA 70119 (Street and No. / City / State / Zip)

   MAILING ADDRESS 329 S. Dorgenois St., New Orleans, LA 70119 (Street and No. / City / State / Zip)

4. EMPLOYER Fire Fighters Local 632

5. EMPLOYER'S ADDRESS Same as above (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 Fire Fighters Local 632

      Address 329 S. Dorgenois St., New Orleans, LA 70119

      Business or purpose Fire Fighter

      Does this person pay you? Yes

      If No, who pays you? _____

HAND DELIVERED

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2. Name Louisiana AFL-CIO

Address 429 Government St., Baton Rouge, LA 70802

Business or purpose Labor Organizations

Does this person pay you? No

If No, who pays you?

3. Name Entergy

Address P. O. Box 2431, Baton Rouge, LA 70821

Business or purpose Energy

Does this person pay you? Yes

If No, who pays you?

4. Name Elevator Industry Work Preservation Fund

Address 104 Abbington Place, Sunset Beach, NC 28469

Business or purpose Elevator Safety

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.

Signature of Lobbyist

Form 500, Rev. 7/2001