LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

855

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/11/02

1021637

Instructions

- Print in ink or type.
- Complete form and return with **$110** registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 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 Gascon (Last) Tony (First) M (MI)

2. BUSINESS PHONE 225 - 242 - 8007 (Area Code and Phone Number)

3. BUSINESS ADDRESS 220 Gleason St. (Street and No.) Brady (City) LA (State) 70719 (Zip)

MAILING ADDRESS PO Box 44081 (Street and No.) Baton Rouge (City) LA (State) 70804 (Zip)

4. EMPLOYER Gascon Government, Inc.

5. EMPLOYER'S ADDRESS PO Box ~~44081~~ 44253 (Street and No.) Baton Rouge (City) LA (State) 70714 (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 Omega Protein, Inc.

Address 1717 St. James Place, Suite 550 Houston, TX 77056

Business or purpose Menhaden Fishing Company

Does this person pay you? Yes

If No, who pays you?

Form 800 Rev. 10/2002

LOBBYING REGISTRATION FORM

855
Lobbyist's Registration Number

2. Name Oyster Fisheries, Inc.

Address PO Box 128 Empire, LA 70050

Business or purpose Oyster Fishery Company

Does this person pay you? Yes

If No, who pays you?

3. Name LA Energy and Power Authority

Address 210 Venture Way Lafayette, LA 70507

Business or purpose Municipal Utilities

Does this person pay you? Yes

If No, who pays you?

4. Name LA Hospice Organization

Address 3154 B College Drive #612 BR LA 70808

Business or purpose Long Term Care

Does this person pay you? No

If No, who pays you? Pro Bono

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 803, Rev. 10/2002

LOBBYING REGISTRATION FORM

855
Lobbyist's Registration Number

2. Name University of Phoenix
Address 4615 East Elwood Street Phoenix, AZ 85040
Business or purpose Higher Education
Does this person pay you? Yes
If No, who pays you?

3. Name Olds & Associates, LLC
Address PO Box 44081 Baton Rouge, LA 70804
Business or purpose Governmental Consulting Firm
Does this person pay you? Yes
If No, who pays you?

4. Name Gascon Governmental, Inc.
Address 400 Gascon Street Lafayette, LA 70119
Business or purpose Governmental Relations Firm
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

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

Form 500, Rev. 10/2002

LOBBYING REGISTRATION FORM

855
Lobbyist's Registration Number

2. Name LA Psychiatric Medical Association
Address PO Box 15765 New Orleans, LA 70175
Business or purpose Medical Association
Does this person pay you? Yes
If No, who pays you?

3. Name The Kingsley House
Address 917 Richard Street New Orleans, LA 70130
Business or purpose Human Care Needs
Does this person pay you? Yes
If No, who pays you?

4. Name Tulane University Health Sciences Center
Address 1440 Canal Street, Suite 2400 TB5 New Orleans, LA 70112
Business or purpose Medical Institution
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

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

Form 500, Rev 12/2002