LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

106

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/20/02

Rcd
✓ # 4631 $110 tl

1021714

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 OLDS (Last) VERA (First) L. (MI)

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

3. BUSINESS ADDRESS 650 N. 10th St. (Annex) (Street and No.) BATON ROUGE (City), LA (State) 70802 (Zip)

MAILING ADDRESS P.O. BOX 44081 (Street and No.) BATON ROUGE (City), LA (State) 70804 (Zip)

4. EMPLOYER OLDS & ASSOCIATES LLC

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 LOUISIANA ENERGY & POWER AUTHORITY

Address 210 VENTURE WAY LAFAYETTE, LA 70507-5361

Business or purpose municipal wholesale power sales & services

Does this person pay you? yes

If No, who pays you?

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2. Name TULANE UNIVERSITY HEALTH SCIENCES

Address 1440 CANAL ST, STE 2800 TUS NEW ORLEANS, LA 70112

Business or purpose medical school, research facilities, hospital

Does this person pay you? yes

If No, who pays you?

3. Name UNIVERSITY OF PHOENIX

Address 4615 EAST ELWOOD ST. PHOENIX, ARIZONA 85010

Business or purpose institution of higher education

Does this person pay you? yes

If No, who pays you?

4. Name LOUISIANA PSYCHIATRIC MEDICAL ASSOCIATION

Address P.O. BOX 15745 NEW ORLEANS, LA 70175

Business or purpose health care trade 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.

Signature of Lobbyist

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

Form 500, Rev. 10/2002

BBYING REGISTRATION FORM

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2. Name The Kingsley House

Address 914 RICHARD STREET NEW ORLEANS LA 70130

Business or purpose social services provider

Does this person pay you? ~~yes~~ NO

If No, who pays you? pro bono work

3. Name LOUISIANA HOSPICE ORGANIZATION

Address 3154 B COLLEGE DR., 1612 BATON ROUGE, LA 70808

Business or purpose health care provider trade association

Does this person pay you? NO

If No, who pays you? Pro bono work

4. Name OMEGA PROTEIN, CORP

Address 1717 ST. JAMES PLACE, ST. 550 Houston, Tex. 77056

Business or purpose Menhaden fishery

Does this person pay you? yes

If No, who pays you?

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[signature]

Signature of Lobbyist

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