LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

8

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/6/03

Rem
✓ # 922. #110 - ll

1021827

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 Bares, Allen R.
   Last First MI

2. BUSINESSPHONE 337-234-5025
   Area Code and Phone Number

3. BUSINESS ADDRESS 110 E. Kaliste Saloom, Lafayette, LA 70508
   Street and No. City State Zip

   MAILING ADDRESS P. O. Box 80655, Lafayette, LA 70598
   Street and No. City State Zip

4. EMPLOYER Same

5. EMPLOYER'S ADDRESS Same
   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 American Check Cashers, Inc.

      Address 600 Jefferson St., Lafayette, LA 70501

      Business or purpose Check cashing and pay day lender

      Does this person pay you? Yes

      If No, who pays you?

Form 500, Rev. 10/2002

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2. Name: Old Evangeline Downs, L.L.C.

Address: P. O. Box 90270, Lafayette, LA 70509

Business or purpose: horse racing

Does this person pay you? Yes

If No, who pays you?

3. Name: Glaxo-Smith-Kline

Address: Research Triangle Park, N.C.

Business or purpose: pharmaceutical

Does this person pay you? Yes

If No, who pays you?

4. Name: La. Association of Insurers & Financial Advisors

Address: 5526 Galleria Drive, Baton Rouge, LA 70816

Business or purpose: insurance

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 10/2009

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name La. Public Defenders

Address P. O. Box 82394, Lafayette, LA

Business or purpose public defenders

Does this person pay you? Yes

If No, who pays you?

3. Name SLEMCO

Address 3420 Hwy. 167 North, Lafayette, LA

Business or purpose electric cooperative

Does this person pay you? Yes

If No, who pays you?

4. Name Lafayette Community Correctional Center

Address P. O. Box 3692, Lafayette, LA 70502

Business or purpose halfway house

Does this person pay you? Yes

If No, who pays you?

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Signature of Lobbyist

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ONLY

Form 500, Rev. 10/2002

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name Lafayette Economic & Development District

Address Lafayette, LA

Business or purpose economic development

Does this person pay you? Yes

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

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Signature of Lobbyist

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Form 500, Rev. 10/2002