LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1/15/03

282

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark
Date: 1/14/03
Rem
✓ #2.1628 #110-tt

10.1934

Instructions

- Print in ink or type.
- Complete form and return with **5110** 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.

763
877

1. NAME DeVille (Last) Renwick (First) P. (MI)

2. BUSINESSPHONE 225.344.0381
Area Code and Phone Number

3. BUSINESS ADDRESS 521 Laurel Street (Street and No.) Baton Rouge (City) LA (State) 70801 (Zip)

MAILING ADDRESS same as above (Street and No.) (City) (State) (Zip)

4. EMPLOYER Harris, DeVille & Associates, Inc.

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 Harris, DeVille & Associates, Inc

Address 521 Laurel Street, Baton Rouge LA 70801

Business or purpose Issues Management

Does this person pay you? Yes

If No, who pays you?

* Tiffany please terminate all compan for this lobbyist and add only the one listed to the left.
Thanks,
Shannon

Form 503 Rev.

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

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.

_____
Signature of Lobbyist

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

Form 503 Rev 2/2001