LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

174

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/28/03

Rec'd

✓ #9443

$110 ✓

1022139

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 Fischer, Jr. Baton M.
   Last First MI

2. BUSINESSPHONE 225 924 2742
   Area Code and Phone Number

3. BUSINESS ADDRESS 8405 Cypress Point Ct. Baton Rouge LA 70817
   Street and No. City State Zip

   MAILING ADDRESS 8405 Cypress Point Ct. Baton Rouge LA 70817
   Street and No. City State Zip

4. EMPLOYER LPCA Insurance Group

5. EMPLOYER'S ADDRESS 3042 Old Forge Dr. Baton Rouge, LA 70808
   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 Pest Control Association

      Address 3042 Old Forge Drive, Baton Rouge, LA 70808

      Business or purpose Trade Association for Pest Control Operators

      Does this person pay you? No

      If No, who pays you? Volunteer - Lead as Chair of LPCA Legislative Committee

Form 530, Rev. 10/2002

HAND DELIVERED

LOBBYING REGISTRATION FORM

[illegible]
Lobbyist's Registration Number

2. Name LOUISIANA ATHLETIC TRAINERS ASSOCIATION

   Address c/o [illegible], PO BOX 2032, THIBODAUX, LA 70433

   Business or purpose [illegible] ASSOCIATION REPRESENTING CERTIFIED ATHLETIC TRAINERS

   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

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