LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

8

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/29/03

Ren
V# 1127
$110 +d

1023164

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 _____

5. EMPLOYER'S ADDRESS _____
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 EVANGELINE DOWNS RACETRACK & CASINO

Address OPELOUSAS, LA.

Business or purpose RACEING AND CASINO

Does this person pay you? ✓

If No, who pays you? _____

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2. Name SLEMCO

Address LAFAYETTE, LA.

Business or purpose ELECTRICITY

Does this person pay you? ✓

If No, who pays you?

3. Name GLAXOSMITH KLINE, INC.

Address RALEIGH, NORT CAROLINA

Business or purpose PHARMACEUTICALS

Does this person pay you? ✓

If No, who pays you?

4. Name LA. ASSOCIATION OF INSURERS & FINANCIAL ADVISORS

Address BATON ROUGE, LA.

Business or purpose INSURANCE

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

Form 500, Rev. 10/2002

LOBBYING REGISTRATION FORM

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5 Name AMERICAN CHECK CASHERS

Address 600 JEFFERSON ST., LAFAYETTE, LA. 70501

Business or purpose CHECK CASHING + PAY DAY LOANS

Does this person pay you? ✓

If No, who pays you?

6. Name LA. PUBLIC DEFENDERS ASSOCIATION

Address LAFAYETTE, LA.

Business or purpose PUBLIC DEFENDERS

Does this person pay you? ✓

If No, who pays you?

7. Name PENINSULA GAMING PARTNERS

Address P.O. BOX 1750, DUBUQUE, IOWA, 52004

Business or purpose GAMING

Does this person pay you? ✓

If No, who pays you?

CERTIFICATION OF ACCURACY

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Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE

Form 300, Rev. 10/2002

LOBBYING REGISTRATION FORM

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8. Name LAFAYETTE COMMUNITY CORRECTIONAL CENTER

Address LAFAYETTE, LA.

Business or purpose PRISON

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.

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