LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1046
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/12/04
Ren
✓ #1633
#110 tl
102357

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 WRIGHT (Last) Cathryn (First) _____ (MI)

2. BUSINESSPHONE 337 981 8188 (Area Code and Phone Number)

3. BUSINESS ADDRESS 315 W. FARREL Rd (Street and No.) Lafayette (City) LA (State) 70508 (Zip)

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

4. EMPLOYER Self

5. EMPLOYER'S ADDRESS 315 W Farrel Rd (Street and No.) Lafayette (City) LA (State) 70508 (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 Association of Nurse Practitioners

Address 5800 One Perkins Pl Ste 2b Baton Rouge LA 70808-4112

Business or purpose Professional Association, to promote quality health care

Does this person pay you? yes

If No, who pays you? _____

Form 500, Rev. 10/2002

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