LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1097
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/19/04

RFN
✓#122572
#110 PAG

1028070

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 McGee (Last) Osey (First) Jr. (MI)

2. BUSINESS PHONE 225-219-0500 (Area Code and Phone Number)

3. BUSINESS ADDRESS 1225 Nicholson Drive (Street and No.) Baton Rouge (City) LA (State) 70802 (Zip)

MAILING ADDRESS 1225 Nicholson Drive (Street and No.) Baton Rouge (City) LA (State) 70802 (Zip)

4. EMPLOYER LA Sheriffs' Pension & Relief Fund

5. EMPLOYER'S ADDRESS 1225 Nicholson Drive (Street and No.) Baton Rouge (City) LA (State) 70802 (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 LA Sheriffs' Pension & Relief Fund

Address 1225 Nicholson Drive Baton Rouge LA 70802

Business or purpose Statewide Retirement System

Does this person pay you? Yes

If No, who pays you?

PAID
JAN 1
CHECK #

DIVISION

PAID
JAN 13 2004
CHECK # 122572
AP # 19295

Form 500 Rev. 10/2002

8888
4032

ENTERED

updated in
AS400 1/16/04

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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

Form 800, Rev. 1/2002