LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

724
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/30/04

REN
✓#19099
$110
PAS

1040145

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: Kemmerly, (Last) David (First) L. (MI)

2. BUSINESS PHONE: 225-763-8500 (Area Code and Phone Number)

3. BUSINESS ADDRESS: 6767 Perkins Road, #100, Baton Rouge, LA 70808 (Street and No. / City / State / Zip)

MAILING ADDRESS: 6767 Perkins Road, #100, Baton Rouge, LA 70808 (Street and No. / City / State / Zip)

4. EMPLOYER: Louisiana State Medical Society

5. EMPLOYER'S ADDRESS: 6767 Perkins Road, #100, 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 State Medical Society

   Address: 6767 Perkins Road, #100, Baton Rouge, LA 70808

   Business or purpose: trade association for physicians

   Does this person pay you? yes

   If No, who pays you?

Form 800, Rev. 10/2002

HAND DELIVERED

LOBBYING REGISTRATION FORM

724
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.

David L. Kemmerly
Signature of Lobbyist

Form 600, Rev. 10/2002