LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/04/04
Ren. 2005
V# 3669
$110.00 WT

1041385

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 LOAR (Last) DANIEL (First) J (MI)

2. BUSINESSPHONE 225 . 344 . 7120 (Area Code and Phone Number)

3. BUSINESS ADDRESS 3423 HUNDRED OAKS AVENUE (Street and No.) BATON ROUGE (City) LA (State) 70808 (Zip)

MAILING ADDRESS SAME AS ABOVE (Street and No.) (City) (State) (Zip)

4. EMPLOYER LOUISIANA CATHOLIC CONFERENCE

5. EMPLOYER'S ADDRESS 3423 HUNDRED OAKS AVENUE (Street and No.) BATON ROUGE (City) LA (State) 70808 (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 CATHOLIC CONFERENCE

Address 3423 HUNDRED OAKS AVENUE

Business or purpose BATON ROUGE, LA 70808 / PUBLIC POLICY ARM OF THE CATHOLIC CHURCH IN LOUISIANA

Does this person pay you? YES

If No, who pays you?

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ETHICS ADMINISTRATION
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Form 600, Rev. 10/2002

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Lobbyist Registration Number

2. Name LOUISIANA CITIZENS FOR EDUCATIONAL FREEDOM

Address P.O. BOX 65196 BATON ROUGE, LA 70896

Business or purpose REPRESENT NON PUBLIC K-12 SCHOOLS

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.

Daniel J. Lorenz

Signature of Lobbyist

Form 300, Rev. 10/2002