LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2005

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/14/04
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#7281
$110.00 wy

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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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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 BYERS - DESSELLE (Last) VONNIE (First) M (MI)

2. BUSINESSPHONE (225) 295-1300 (Area Code and Phone Number)

3. BUSINESS ADDRESS 11918 BRICKSOME AVENUE, BATON ROUGE, LA 70816 (Street and No. / City / State / Zip)

MAILING ADDRESS P. O. BOX 40183, BATON ROUGE, LA 70835 (Street and No. / City / State / Zip)

4. EMPLOYER LOUISIANA FINANCE ASSOCIATION

5. EMPLOYER'S ADDRESS 11918 BRICKSOME AVENUE, STE. A, BATON ROUGE, LA 70816 (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 FINANCE ASSOCIATION

Address 11918 BRICKSOME AVENUE, SUITE A, BATON ROUGE, LA 70816

Business or purpose TRADE ASSOCIATION (FINANCE COMPANIES)

Does this person pay you? NO

If No, who pays you? IT IS PART OF MY SALARY AND JOB TO MONITOR BILLS THAT EFFECT OUR INDUSTRY AND REPORT TO OUR LOBBYIST AND LEGISLATIVE CHAIRMAN

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L-0
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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