# LOBBYING REGISTRATION FORM

**To be used for initial registrations and renewals.**

Lobbyist Registration Number

**FOR OFFICE USE ONLY**
Postmark Date: 12/20/04

Ren. 2005
J# 40015
$110.00 WT

1041459

## 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 Kleinpeter (Last) Kevin (First) P. (MI)

2. BUSINESSPHONE 225-381-7136 (Area Code and Phone Number)

3. BUSINESS ADDRESS 564 Laurel St. (Street and No.) Baton Rouge (City) LA (State) 70801 (Zip)

MAILING ADDRESS PO Box 3217 (Street and No.) Baton Rouge (City) LA (State) 70821 (Zip)

4. EMPLOYER The Chamber of Greater Baton Rouge

5. EMPLOYER'S ADDRESS 564 Laurel St. (Street and No.) Baton Rouge (City) LA (State) 70801 (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 The Chamber of Greater Baton Rouge

Address 564 Laurel St. Baton Rouge LA 70801

Business or purpose Chamber of Commerce

Does this person pay you? Yes

If No, who pays you? _____

2004 DEC 21 AM 11:50

LOUISIANA ADMINISTRATION SIGN FINANCE RECEIVED

Form 500, Rev. 10/2002

# LOBBYING REGISTRATION FORM

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 500, Rev. 10/2002