LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/22/04

Ren. 2005
V#6433
$110.00 WJ

1041486

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 Chittom (Last) Kathy (First) A. (MI)

2. BUSINESSPHONE (225) 924-6978 (Area Code and Phone Number)

3. BUSINESS ADDRESS 3070 Teddy Drive, Suite A (Street and No.) Baton Rouge, (City) LA (State) 70809 (Zip)

MAILING ADDRESS 3070 Teddy Drive, Suite A (Street and No.) Baton Rouge, (City) LA (State) 70809 (Zip)

2004 DEC 28 PM 12:53

LOUISIANA ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED

4. EMPLOYER Chiropractic Association of Louisiana

5. EMPLOYER'S ADDRESS 3070 Teddy Drive, Suite A (Street and No.) Baton Rouge, (City) LA (State) 70809 (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 Chiropractic Association of Louisiana

Address 3070 Teddy Drive, Suite A Baton Rouge, LA 70809

Business or purpose Professional Association

Does this person pay you? Yes

If No, who pays you?

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_____

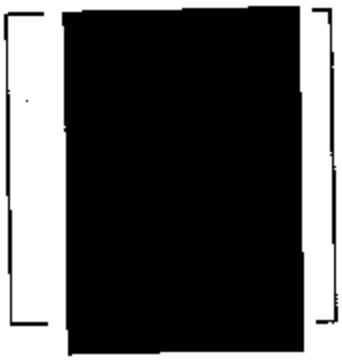
   Business or purpose_____

   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.

Kathy Chetton

Signature of Lobbyist