LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/03/05
V#1331
$110.00 WT
Ren. 2005

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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 BARES (Last) ALLEN (First) R. (MI)

2. BUSINESSPHONE 337-2345025 (Area Code and Phone Number)

3. BUSINESS ADDRESS 110 E. KALISTE SALOOM RD, LAFAYETTE, LA. 70508 (Street and No. / City / State / Zip)

MAILING ADDRESS P.O. Box 80655, LAFAYETTE, LA. 70598 (Street and No. / City / State / Zip)

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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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4. EMPLOYER SELF

5. EMPLOYER'S ADDRESS SAME (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 AMERICAN CHECK CASHERS ✓

Address LAFAYETTE, LA.

Business or purpose Check Cashers

Does this person pay you? X

If No, who pays you?

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[redacted]

2. Name GLAXOSMITHKLINE

Address P.O. BX 13681, PHILADELPHIA, PA. 19101

Business or purpose PHARMACEUTICALS

Does this person pay you? X

If No, who pays you?

3. Name LA. ASSOCINTION OF INSURERS & FINANCIAL ADVISORS

Address BATON ROUGE, LA.

Business or purpose INSURANCE

Does this person pay you? X

If No, who pays you?

4. Name LA. PUBLIC DEFENDERS ASSOCIATION

Address LAFAYETTE, LA.

Business or purpose PUBLIC DEFENSE

Does this person pay you? X

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

ATTACH
2" x 2"
PHOTOGRAPH
HERE

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[redacted]

2. Name PENINSULA GAMING PARTNERS ✓

Address OPELOUSAS, LA.

Business or purpose RACING

Does this person pay you? X

If No, who pays you?

3. Name SLEMCO ✓

Address LAFAYETTE, LA.

Business or purpose ELECTRICITY

Does this person pay you? X

If No, who pays you?

4. Name EVANGELINE DOWNS RACETRACK & CASINO ✓

Address OPELOUSAS, LA.

Business or purpose RACING & GAMING

Does this person pay you? X

If No, who pays you?

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[redacted]

2. Name LAFAYETTE COMMUNICATION DISTRICT ✓

Address LAFAYETTE, LA.

Business or purpose 911

Does this person pay you? X

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? _____

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