LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1203

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/07/05
Reg. 2005
J#5847
$110.00 WF

1041331

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 Baloney, Geraldine Broussard
   Last First MI

2. BUSINESS PHONE (985) 535-2889; (504) 799-2287
   Area Code and Phone Number

3. BUSINESS ADDRESS 1100 Poydras Street, Suite 2900, New Orleans, LA 70163
   Street and No. City State Zip

   MAILING ADDRESS P.O. Box 116, Garyville, LA 70051
   Street and No. City State Zip

4. EMPLOYER BROUSSARD BALONEY LAW FIRM, APC

5. EMPLOYER'S ADDRESS 100 Earl Baloney Street at River Rd., Garyville, LA 70051
   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 St. John River Area Planning Group

      Address 103 S. Emile Street, Garyville, LA 70051

      Business or purpose Non-profit

      Does this person pay you? Yes

      If No, who pays you?

Form 550, Rev. 10/2002

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ETHICS ADMINISTRATION
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2. Name State of Louisiana, Pontchartrain Levee District

Address 2204 Albert Street, Lutcher, LA 70071

Business or purpose State agency- maintenance of hurricane levee protection system

Does this person pay you? Yes

If No, who pays you? _____

3. Name City of St. Gabriel

Address P. O. Box 597, St. Gabriel, LA 70776

Business or purpose Local municipality

Does this person pay you? Yes

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 650, Rev. 10/2002