LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/14/05
J#2807
$110.00 WR
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LOUISIANA ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED
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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 FUGLER, JR. (Last) ALLEN (First) M. (MI)

2. BUSINESSPHONE 225 924-2742 (Area Code and Phone Number)

3. BUSINESS ADDRESS 8405 CYPRESS POINT CT, BATON ROUGE, LA 70809 (Street and No. / City / State / Zip)

MAILING ADDRESS SAME AS ABOVE (Street and No. / City / State / Zip)

4. EMPLOYER LIPCA INSURANCE GROUP

5. EMPLOYER'S ADDRESS 3042 OLD FORGE DR. BATON ROUGE, LA 70808 (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 PEST MANAGEMENT ASSOCIATION

Address 3042 OLD FORGE DRIVE, BATON ROUGE, LA 70808

Business or purpose TRADE ASSOCIATION FOR PEST CONTROL OPERATORS

Does this person pay you? NO

If No, who pays you? VOLUNTEER AS CHAIR of LPMA LEGISLATIVE COMMITTEE; EMPLOYED BY LIPCA INSURANCE GROUP

Form 500, Rev. 10/2002

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2. Name LOUISIANA ATHLETIC TRAINERS ASSOCIATION

   Address C/O NICHOLS STATE UNIVERSITY, PO BOX 2032, THIBODAUX, LA 70433

   Business or purpose TRADE ASSOCIATION for ATHLETIC TRAINERS

   Does this person pay you? YES

   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

ATTACH
2" x 2"
PHOTOGRAPH
HERE

Form 500, Rev. 10/2002