LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/14/05
Reg. 2005
#4111
$110.00 WT
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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

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 Haynes (Last) Barbara (First) J (MI)

2. BUSINESSPHONE (225) 344-4084 (Area Code and Phone Number)

3. BUSINESS ADDRESS 465 W McKinley St (Street and No.) Baton Rouge (City) LA (State) 70805 (Zip)

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

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 BellSouth Telecommunications, Inc.

Address 365 Canal St, Suite 3000, N.O. LA 70130

Business or purpose Telecommunications

Does this person pay you? Yes

If No, who pays you?

HAND DELIVERED

Form 500, Rev. 10/2002

LOBBYING REGISTRATION FORM

2. Name LA Assoc. of Nurse Practitioners

Address

Business or purpose Health Care

Does this person pay you? yes

If No, who pays you?

3. Name M. L. "Bud" Mayes & Assoc.

Address P.O. Box 44350, B.R. LA 70804

Business or purpose Governmental Relations

Does this person pay you? yes

If No, who pays you?

4. Name Vera Olds & Assoc.

Address P.O. Box 44181, B.R. LA 70804

Business or purpose Governmental Relations

Does this person pay you? yes

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

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[redacted]

5. ~~2.~~ Name New Orleans - Baton Rouge Steamship Pilots Assoc.

Address 3900 River Rd, Suite 7, Jefferson, LA 70121

Business or purpose Maritime

Does this person pay you? No

If No, who pays you? The Capitol Group

6. ~~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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[signature]
Signature of Lobbyist

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