LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/18/05
Ren. 2005
V#3564
$110.00 WB

1011786

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 Hightower (Last) John (First) S (MI)

2. BUSINESS PHONE (225) 376-1145 (Area Code and Phone Number)

3. BUSINESS ADDRESS One American Place, Ste 1012, Baton Rouge, LA 70825 (Street and No. / City / State / Zip)

MAILING ADDRESS 231 E. Woodgate Ct., Baton Rouge, La. 70808-5408 (Street and No. / City / State / Zip)

4. EMPLOYER AARP

5. EMPLOYER'S ADDRESS One American Place 301 Main St., Ste 1012, Baton Rouge, La. 70825 (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 AARP

Address 301 Main St., Ste. 1012; Baton Rouge, La. 70825

Business or purpose To Advocate on behalf of Senior Citizen Members

Does this person pay you? yes

If No, who pays you?

HPCS ADMINISTRATION CAMPAIGN FINANCE RECEIVED JAN 19 AM 11:59

Form 500, Rev. 10/2002

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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 _____

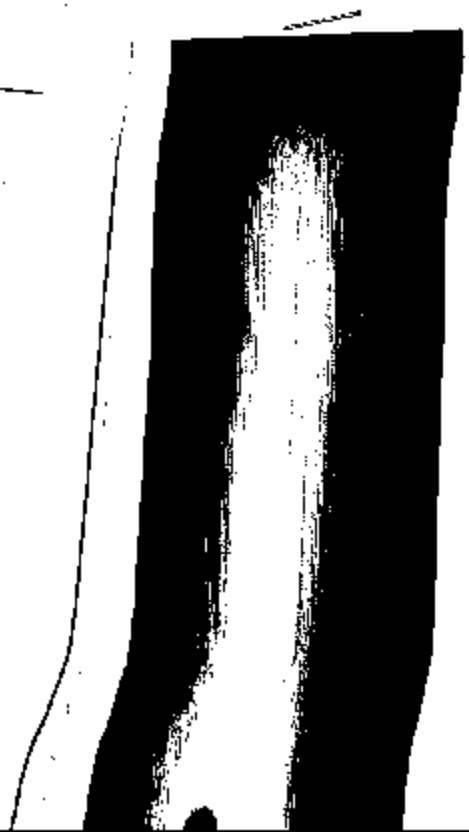
   Does this person pay you? _____

   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.

Signature of Lobbyist



Form 500, Rev. 10/2002