LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

FOR OFFICE USE ONLY
Postmark Date: 02/25/05
Reg. 2005
J#3238
$110.00 US

1050388

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 Duty (Last) Wade (First) O. (MI)

2. BUSINESS PHONE (225) 344-0037 (Area Code and Phone Number)

3. BUSINESS ADDRESS 700 Nth 10th St., Suite 210 (Street and No.) Baton Rouge (City), LA (State) 70802 (Zip)

MAILING ADDRESS P.O. Box 3801 (Street and No.) Baton Rouge (City) LA (State) 70821 (Zip)

4. EMPLOYER Casino Association of Louisiana

5. EMPLOYER'S ADDRESS 700 Nth 10th Street, Ste 210 (Street and No.) Baton Rouge (City), LA (State) 70802 (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 Casino Association of Louisiana, Inc.

Address P.O. Box 3801, Baton Rouge, LA 70821

Business or purpose Trade Association for licensed riverboat casinos

Does this person pay you? yes

If No, who pays you?

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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Form 900, Rev. 10/2003

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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.

Wade D. Duty

Signature of Lobbyist Wade D. Duty

Form 500, Rev. 10/2012