LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

231

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/02/05

Ren. 2006
V# 1035130
$110.00 wr

1051[illegible]

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 Walter, Jr. (Last) Gerald (First) L. (MI)

2. BUSINESS PHONE (225) 387-3221 (Area Code and Phone Number)

3. BUSINESS ADDRESS 451 Florida Street, 8th Floor, (Street and No.) Baton Rouge, (City) Louisiana (State) 70801 (Zip)

MAILING ADDRESS P.O. Box 2471, (Street and No.) Baton Rouge, (City) Louisiana (State) 70821 (Zip)

4. EMPLOYER Taylor, Porter, Brooks & Phillips L.L.P.

5. EMPLOYER'S ADDRESS P.O. Box 2471, (Street and No.) Baton Rouge, (City) Louisiana (State) 70821 (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 Waste Management of Louisiana, L.L.C

Address 29385 Woodside Drive, Walker, LA 70785

Business or purpose Collection, transportation, treatment and disposal of wastes.

Does this person pay you? Yes

If No, who pays you?

2005 DEC -5 PM 1:22

Form 930; Rev. 10/2002

LOBBYING REGISTRATION FORM

231
Lobbyist's Registration Number

2. Name Chemical Waste Management, Inc.

Address 7170 John Brannon Road, Sulphur, LA 70663

Business or purpose Collection, transportation, treatment and disposal of wastes.

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
FOR
INITIAL
REGISTRATION
ONLY

Form 000, Rev. 10/99