LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

379

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/23/05
Ren. 2006
#1194
$110.00

1051451

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 Wainwright (Last) Michael (First) H. (MI)

2. BUSINESS PHONE 318 865-8330 (Area Code and Phone Number)

3. BUSINESS ADDRESS 1031 Dudley Dr. (Street and No.) Shreveport (City) LA (State) 71104 (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 City of Shreveport

Address P.O. Box 31109 Shreveport LA 71134

Business or purpose Municipal Government

Does this person pay you? yes

If No, who pays you?

Form 500, Rev. 10/2002

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2. Name Pendleton Development Corp.
   Address 533 Jordan - Shreveport LA 71101
   Business or purpose Administration of Public Housing
   Does this person pay you? yes
   If No, who pays you?

3. Name Caddo Parish Communication District #1
   Address 1144 Texas Ave. Shreveport LA 71101
   Business or purpose public safety communications
   Does this person pay you? yes
   If No, who pays you?

4. Name Chiropractic Ass'n of LA
   Address 3070 Teddy Lane - Baton Rouge LA 70808
   Business or purpose trade association representing chiropractors
   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.

Michael H. Wainwright
Signature of Lobbyist

ATTACH 2" x 2" PHOTOGRAPH HERE FOR INITIAL REGISTRATION ONLY

Form 600, Rev. 10/2002