LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1724
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date 01/03/06
Ren. 2006
J# 2984
$110.00 US

1060001

2006 JAN -3 PM 12:24
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 FUGLER, JR. ALLEN M.
Last First MI

2. BUSINESS PHONE 225-924-2742
Area Code and Phone Number

3. BUSINESS ADDRESS 8405 CYPRESS POINT CT. BATON ROUGE LA 70809
Street and No. City State Zip

MAILING ADDRESS SAME AS ABOVE
Street and No. City State Zip

4. EMPLOYER LIPCA INSURANCE GROUP

5. EMPLOYER'S ADDRESS 3042 OLD FORGE DR BATON ROUGE, LA 70808
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 LOUISIANA PEST MANAGEMENT ASSOCIATION

Address 3042 OLD FORGE DRIVE, BATON ROUGE LA 70808

Business or purpose TRADE ASSOCIATION

Does this person pay you? NO

If No, who pays you? PRO BONO WORK AS CHAIR of LPMA LEGISLATIVE COMMITTEE

Form 500, Rev. 10/2002

HAND DELIVERED

LOBBYING REGISTRATION FORM

1724
Lobbyist's Registration Number

2. Name LOUISIANA ATHLETIC TRAINERS ASSOCIATION

Address C/O NICHOLS STATE UNIVERSITY, PO BOX 2032, THIBODAUX, LA 70433

Business or purpose STATE ASSOCIATION FOR ATHLETIC TRAINERS

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 600 Rev 10/2002