LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

#169
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/09/06
Ren. 2006
J#6482
$110.00 WR

1060058

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 Loy (Last) O. (First) Fred (MI)

2. BUSINESS PHONE 225/346-0073 (Area Code and Phone Number)

3. BUSINESS ADDRESS 450 Laurel Street, #1060, Baton Rouge, LA 70801 (Street and No. / City / State / Zip)

MAILING ADDRESS P. O. Box 1546, Baton Rouge, LA 70821 (Street and No. / City / State / Zip)

4. EMPLOYER Committee for a SECURE Louisiana

5. EMPLOYER'S ADDRESS P. O. Box 1546, Baton Rouge, LA 70821 (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 Committee for a SECURE Louisiana

   Address P. O. Box 1546, Baton Rouge, LA 70821

   Business or purpose Governmental Reform

   Does this person pay you? Yes

   If No, who pays you?

2006 JAN -9 AM 10:22

Form 500, Rev. 10/2002

HAND DELIVERED

LOBBYING REGISTRATION FORM

#100
Lobbyist Registration Number

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

O. Fred Loy, Jr.

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

Form 500, Rev. 10/2002