LOBBYING REGISTRATION FORM
To be used for initial registrations and renewals.

#1012
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/13/06
Ren. 2006
V# 6363
$110.00 WT

Amendment(s) Attached

1060109

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 Renée E. Roberts
Last First MI

2. BUSINESS PHONE (225) 405-8080
Area Code and Phone Number

3. BUSINESS ADDRESS 220 West Drive, B.R. LA 70806
Street and No. City State Zip

MAILING ADDRESS 220 West Drive, B.R. LA 70806
Street and No. City State Zip

4. EMPLOYER St. Tammany Parish

HAND DELIVERED

5. EMPLOYER'S ADDRESS 651 Koop Drive, Mandeville, LA 70459
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 St. Tammany Parish Government

Address P.O. 631, Covington, LA 70459

Business or purpose Lobbying, legislative liaison

Does this person pay you? yes

If No, who pays you?

Form 500, Rev. 10/2002

LOBBYING REGISTRATION FORM

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#1012
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/31/06
Ren. 2006
#6363
$40.00 WT

AMENDMENT

1060109

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1. Name St. Tammany Parish Government

Address P.O. 631, Covington, LA 70459

Business or purpose ~~Lobbying, legislative liaison~~ PARISH GOVERNMENT

Does this person pay you? YES

If No, who pays you?

JAN 13 AM 11:14

RECEIVED

Form 990, Rev. 10/2007

LOBBYING REGISTRATION FORM

#1012
Lobbyist's 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.

Renie Roberts
Signature of Lobbyist

Form 600, Rev. 10/2002