LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

504

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/20/06
Ren. 2006
V#1125
$110.00 WT

1060215

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 Felton, Nicholas G.
Last First MI

2. BUSINESS PHONE (504) 366 · 8564
Area Code and Phone Number

3. BUSINESS ADDRESS 3520 General DeGaulle Dr. Suite 3001 New Orleans LA 70114
Street and No. City State Zip

MAILING ADDRESS same as above
Street and No. City State Zip

4. EMPLOYER New Orleans Fire Fighters Assn.

5. EMPLOYER'S ADDRESS Same as above
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 New Orleans Fire Fighters Assn.

Address 3520 General De Gaulle Drive Suite 3001

Business or purpose Representing Fire Fighters

Does this person pay you? Yes

If No, who pays you? N/A

Form 500, Rev. 10/2002

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2. Name LA. AFL·CIO

Address 429 Government Street · Baton Rouge, LA.

Business or purpose Representing Labor Groups

Does this person pay you? NO.

If No. who pays you? New Orleans Fire Fighter Assn.

3. Name New Orleans Fire Fighters Pension + Relief Fund

Address 3520 General De Gaulle Drive Suite 3001 · N.O. LA.

Business or purpose Representing Pension Fund

Does this person pay you? NO

If No. who pays you? New Orleans Fire Fighters Assn.

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.

Nicholas H. Fletcher

Signature of Lobbyist

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

Form 600, Rev. 10/2002