LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

341
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/27/06
Ren. 2006
V# 15010
$110.00 WR

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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 Ferachi (Last) Norman (First) C. (MI)

2. BUSINESS PHONE 225-387-3261 (Area Code and Phone Number)

3. BUSINESS ADDRESS 603 Europe St. (Street and No.) Baton Rouge (City), LA (State) 70802 (Zip)

MAILING ADDRESS 603 Europe St. (Street and No.) Baton Rouge (City), LA (State) 70802 (Zip)

4. EMPLOYER Norman C. Ferachi & Associates, Inc.

5. EMPLOYER'S ADDRESS 603 Europe St. (Street and No.) Baton Rouge (City), LA (State) 70802 (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 Soft Drink Association

Address 603 Europe St. Baton Rouge, LA 70802

Business or purpose Trade association

Does this person pay you? no

If No, who pays you? Norman C. Ferachi & Associates, Inc.

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2. Name Louisiana Association of Chiefs of Police

Address 603 Europe St. Baton Rouge, LA 70802

Business or purpose Professional association

Does this person pay you? no

If No, who pays you? Norman C. Ferachi & Associates, Inc.

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 500, Rev. 10/2002