LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1228

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 02/24/06
Ren. 2006
V#753
$110.00 WS

AMENDMENT

1060364

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 Boudreaux (Last) Dan (First) M (MI)

2. BUSINESS PHONE (225) 317-0896 (Area Code and Phone Number)

3. BUSINESS ADDRESS _____ (Street and No.) _____ (City) _____ (State) _____ (Zip)

MAILING ADDRESS P.O. Box 44413 (Street and No.) B.R. (City) LA (State) 70804 (Zip)

4. EMPLOYER Dan Boudreaux

5. EMPLOYER'S ADDRESS P.O. Box 44413 (Street and No.) BR (City) LA (State) 70804 (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 DB & Associations

Address P.O. Box 44413 B.R. LA 70804

Business or purpose representation of retained interests

Does this person pay you? _____

If No, who pays you? _____

2006 FEB -2 PM 1:46

RECEIVED

2006 FEB 27 PM 12:50

Form 500, Rev. 10/2002

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1228

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 02/01/02
Ren. 2006
V#753
$110.00 WR

1060364

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 Boudreaux (Last) Dan (First) M (MI)

2. BUSINESS PHONE (225) 317-0896 (Area Code and Phone Number)

3. BUSINESS ADDRESS _____ (Street and No.) _____ (City) _____ (State) _____ (Zip)

MAILING ADDRESS P.O. Box 44413 (Street and No.) B.R. (City) LA (State) 70804 (Zip)

4. EMPLOYER _____

5. EMPLOYER'S ADDRESS P.O. Box 44413 (Street and No.) BR (City) LA (State) 70804 (Zip)

2006 FEB -2 PM 1:46

RECEIVED

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 DB Association

Address P.O. Box 44413, B.R. LA 70804

Business or purpose representation of retained interests

Does this person pay you? _____

If No, who pays you? _____

Form 600, Rev. 10/2002

LOBBYING REGISTRATION FORM

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.

Signature of Lobbyist

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

AMENDMENT

Form 600, Rev. 10/2002

LOBBYING REGISTRATION FORM

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.

Signature of Lobbyist

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

Form 509, Rev. 10/2002