# LOBBYING REGISTRATION FORM

**To be used for initial registrations and renewals.**

174

**Lobbyist's Registration Number**

**FOR OFFICE USE ONLY**
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ETHICS ADMINISTRATION
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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 FUGLER, JR. ALLEN M.
Last First MI

2. BUSINESS PHONE 225-924-2742
Area Code and Phone Number

3. BUSINESS ADDRESS 1465 AUDUBON AVE BATON ROUGE LA 70806
Street and No. City State Zip

MAILING ADDRESS SAME AS ABOVE
Street and No. City State Zip

4. EMPLOYER LIPCA, INC.

5. EMPLOYER'S ADDRESS 3042 OLD FORGE DR. BATON ROUGE LA 70808
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 LOUISIANA PEST MANAGEMENT ASSOCIATION

Address 3042 OLD FORGE DR. STE. 6, BATON ROUGE, LA 70808

Business or purpose NOT-FOR-PROFIT TRADE ASSOCIATION

Does this person pay you? NO

If No, who pays you? VOLUNTEER AS LEGISLATIVE REP FOR CLIENTS: PROSPECTS of INSURANCE COMPANY

Form 500, Rev. 10/2002

HAND DELIVERED

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2. Name LOUISIANA ATHLETIC TRAINERS ASSOCIATION

Address PO BOX 2090, THIBODEAUX, LA 70310

Business or purpose NOT-FOR-PROFIT TRADE ASSOCIATION

Does this person pay you? YES

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 500, Rev. 10/2002