LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2007

226
Lobbyist's Registration Number

FOR OFFICE USE ONLY
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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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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 Albright, Jeffery W.
   Last First MI

2. BUSINESS PHONE (225) 819-8007
   Area Code and Phone Number

3. BUSINESS ADDRESS 9818 Bluebonnet Blvd., Baton Rouge, LA 70810
   Street and No. City State Zip

   MAILING ADDRESS 9818 Bluebonnet Blvd., Baton Rouge, LA 70810
   Street and No. City State Zip

4. EMPLOYER Independent Insurance Agents and Brokers of Louisiana

5. EMPLOYER'S ADDRESS 9818 Bluebonnet Blvd., Baton Rouge, LA 70810
   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 Independent Insurance Agents and Brokers of Louisiana

      Address 9818 Bluebonnet Blvd., Baton Rouge, LA 70810

      Business or purpose Insurance Association

      Does this person pay you? Yes

      If No, who pays you? _____

Form 502, Rev. 10/2002

HAND DELIVERED

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 000, Rev. 10/2002