LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

104

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/30/07
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CK # 14365
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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 Cautreaux [illegible] Cathy F.
Last First MI

2. BUSINESS PHONE (225) 928-5682
Area Code and Phone Number

3. BUSINESS ADDRESS 4838 Bennington Avenue, Baton Rouge, LA 70808
Street and No. City State Zip

MAILING ADDRESS P.O. Box 80278, Baton Rouge, LA 70898
Street and No. City State Zip

4. EMPLOYER Louisiana Motor Transport Association, Inc.

5. EMPLOYER'S ADDRESS P.O. Box 80278, Baton Rouge, LA 70898
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 Motor Transport Association, Inc.

Address P.O. Box 80278, Baton Rouge, LA 70898

Business or purpose Non-profit trade association representing the trucking industry.

Does this person pay you? Yes

If No, who pays you?

Form 500, Rev. 10/2002

HAND DELIVERED

LOBBYING REGISTRATION FORM

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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 850, Rev. 10/2002