LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

154

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-30-07
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LOBBYING REGISTRATION
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 King (Last) L. (First) Gordon (MI)

2. BUSINESS PHONE 225/344-2499 (Area Code and Phone Number)

3. BUSINESS ADDRESS 700 N. 10th Street, Annex Building (Street and No.) Baton Rouge (City), LA (State) 70802 (Zip)

MAILING ADDRESS P.O. Box 2907 (Street and No.) Baton Rouge (City), LA (State) 70821 (Zip)

4. EMPLOYER Government Consultants of Louisiana, Inc.

5. EMPLOYER'S ADDRESS 700 N. 10th Street, Annex Building (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 Government Consultants of Louisiana, Inc.

Address 700 N. 10th Street, Annex Building Baton Rouge, LA 70802

Business or purpose Financial Advisory

Does this person pay you? yes (as an employer)

If No, who pays you? N/A

Form 600, 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 500, Rev. 10/2002