LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2007

48

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-23-07
Ren 2007
√#034399
$110
wmi

10622-0

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 O'Brien (Last) Edward (First) F. (MI)

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

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

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

4. EMPLOYER Independent Insurance Agents & Brokers of Louisiana

5. EMPLOYER'S ADDRESS 9818 Bluebonnet Blvd., (Street and No.) Baton Rouge (City), LA (State), 70810 (Zip)

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED
2007 JAN 23 AM 10: 32

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 500, Rev. 10/2002

HAND DELIVERED

LOBBYING REGISTRATION FORM

48
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.

Edward F O'Brien
Signature of Lobbyist

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

Form 600, Rev. 10/2002