LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

544
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-25-07
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#27009
$110.
WM.

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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 Wright (Last) Tom (First) (MI)

2. BUSINESS PHONE (225) 383-5554 (Area Code and Phone Number)

3. BUSINESS ADDRESS 442 Europe St. (Street and No.) Baton Rouge (City) LA (State) 70802 (Zip)

MAILING ADDRESS P. O. Drawer 4289 (Street and No.) Baton Rouge (City) LA (State) 70821 (Zip)

4. EMPLOYER LOUISIANA ASSOCIATION FOR JUSTICE

5. EMPLOYER'S ADDRESS 442 Europe St., Baton Rouge, LA 70802 (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 ASSOCIATION FOR JUSTICE

Address 442 Europe St., Baton Rouge, LA 70802

Business or purpose Voluntary bar association

Does this person pay you? Yes

If No, who pays you? N/A

2007 JAN 25 AM 10: 02

LA. ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

Form 500, Rev. 10/2002

HAND DELIVERED

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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 500, Rev. 10/2002