LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

379

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-30-07
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ETHICS ADMINISTRATION
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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 Wainwright (Last) Michael (First) H. (MI)

2. BUSINESS PHONE 318 470 9393 (Area Code and Phone Number)

3. BUSINESS ADDRESS 1031 Dudley Dr. (Street and No.) Shreveport (City) LA (State) 71104 (Zip)

MAILING ADDRESS " (Street and No.) " (City) " (State) " (Zip)

4. EMPLOYER Self

5. EMPLOYER'S ADDRESS same (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 Caddo Parish Communications District #1

Address 1144 Texas Avenue - Shreveport LA 71101

Business or purpose public safety communications (9-1-1)

Does this person pay you? yes

If No, who pays you?

Form 500, Rev. 10/2002

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2. Name Chiropractic Association of Louisiana
   Address 10636 Timberlake Ave. Baton Rouge, LA 70810
   Business or purpose professional trade association
   Does this person pay you? yes
   If No, who pays you? _____

3. Name Pendleton Development Corp.
   Address 533 Jordan St. Shreveport LA 71101
   Business or purpose public housing administration
   Does this person pay you? yes
   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.

Michael K Wainwright
Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
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REGISTRATION
ONLY

Form 600, Rev. 10/2002