LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1536
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4-14-08

Reg-05
ck# 1114
$110.00

1072220

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 Turner (Last) Jason (First) L. (MI)

2. BUSINESS PHONE (225) 485-6548 or (225) 454-6568 (Area Code and Phone Number)

3. BUSINESS ADDRESS 31730 Greenwell Springs Rd (Street and No.) Greenwell Springs (City) LA (State) 70739 (Zip)

MAILING ADDRESS 31730 Greenwell Springs Rd (Street and No.) Greenwell Spr (City) LA (State) 70739 (Zip)

4. EMPLOYER Saint George Professional Firefighters Assoc.

5. EMPLOYER'S ADDRESS P.O. Box 83051 (Street and No.) Baton Rouge (City) LA (State) 70884 (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 St. George Professional Firefighters Assoc.

Address P.O. Box 83051 Baton Rouge LA 70884

Business or purpose Public Service Advocate

Does this person pay you? NO

If No, who pays you? _____

Form 500, Rev. 10/2002

HAND DELIVERED

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2. Name Professional Fire Fighters Assoc. of LA

Address 5021 Aurora Ln, Shreveport LA 71115

Business or purpose Public Service Advocate

Does this person pay you? NO

If No, who pays you?

3. Name N/A

Address

Business or purpose

Does this person pay you?

If No, who pays you?

4. Name N/A

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

Form 500, Rev. 10/2002