

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

125  
Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 9/8/98

REG

1980976

98 SEP 10 P 2: 36

ETHICS  
COMMISSION

1. NAME Shuler Joseph S.  
Last First MI

2. BUSINESS PHONE 305 379 8484  
Area Code and Phone Number

3. BUSINESS ADDRESS RT 1 Box 51-C Hasford, FL 32334  
Street and No. City State Zip

4. EMPLOYER Household Financial Group, LTD

5. EMPLOYER'S ADDRESS 1730 K. ST. NW Washington, DC 20006  
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 Household Financial Group LTD  
Address 1730 K. ST NW Washington, DC 20006  
Business or purpose Consumer Finance Lending  
Does this person pay you? Yes  
If No, who pays you? \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

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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? \_\_\_\_\_

5. Name \_\_\_\_\_

Address \_\_\_\_\_

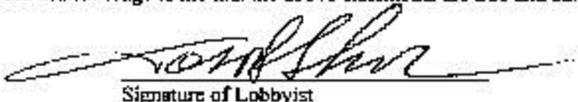
Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

State of Florida  
County of \_\_\_\_\_  
Parish of Levy

Before me, the undersigned authority, personally came and appeared Joseph S. Shuler, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

  
Signature of Lobbyist

Sworn to and subscribed before me on this 28 day of

July 19 98  
Denise L. Lunde  
Notary Public

Rev. 8/97

