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.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/20/99
Reg
1990393
Taxed
ck# 35237
ck received 1/19/99
10.00
KSD

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, (225) 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.

1. NAME Morris (Last) Michael (First) D. (MI)

2. BUSINESS PHONE 225 / 387-0286 (Area Code and Phone Number)

3. BUSINESS ADDRESS 359 3rd St. Ste B (Street and No.) Baton Rouge (City) LA (State) 70801 (Zip)

4. EMPLOYER La. Home Builders Assoc. Self Insurers Fund

5. EMPLOYER'S ADDRESS 359 3rd St. Ste B (Street and No.) Baton Rouge (City) LA (State) 70801 (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 Home Builders Association Self Insurers Fund
   Address 359 3rd St. Ste B Baton Rouge LA 70801
   Business or purpose Group Self Insured Fund
   Does this person pay you? yes
   If No, who pays you?

2. Name LASIE
   Address P O Box 4151 Baton Rouge LA 70821-4151
   Business or purpose Assoc. of Self Insured Industry
   Does this person pay you? NO
   If No, who pays you? LHBA-SIF (see #6(1))

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

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 Louisiana

Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Michael D. Morris, 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 8th day of January, 1999.

Notary Public

Rev. 8/97

Picture on file from '98 registration.

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

STATE OF LOUISIANA
DEPARTMENT OF STATE CIVIL SERVICE
LOUISIANA BOARD OF ETHICS
8401 UNITED PLAZA BOULEVARD
SUITE 200
BATON ROUGE, LA 70809-7017
(225) 922-1400
FAX: (225) 922-1414

January 21, 1999

Michael D. Morris
359 Third Street
Suite B
Baton Rouge, La 70801

Dear Lobbyist:

The Louisiana Board of Ethics received your Lobbyist Registration Form. Your Registration was accepted and filed. You have been assigned Lobbyist Registration Number **458** for the year 1999. I have enclosed a receipt for your registration fee.

If you have any questions, please feel free to contact the staff of the Ethics Administration Program.

Very truly yours,

LOUIBIANA BOARD OF ETHICS

Kathy Dedon Jr

Kathy Dedon

Enclosure

LHBA SELF INSURERS FUND
OPERATING ACCOUNT
359 THIRD STREET, SUITE B
BATON ROUGE, LA 70801
PH. 504-387-0286

BANK ONE, LOUISIANA, NA
BATON ROUGE, LA 70801
84-13-654

Ten and 00/100

DATE	AMOUNT
01/14/1999	*****10.00

Pay to the order of

LOUISIANA BOARD OF ETHICS
8401 UNITED PLAZA BLVD., SUITE 200
BATON ROUGE, LA 70809-7017

Wanda J Mayeux

⑈035237⑈ ⑆065400137⑆ 200 0553 51 4⑈

LOUISIANA BOARD OF ETHICS
SUITE 200
8401 UNITED PLAZA BLVD.
BATON ROUGE, LA 70809

Receipt

Date 1/21/99 No. 43[illegible]

$10.00

RECEIVED FROM LHBA Self Insurers

Ten and 00/100 DOLLARS

FOR RENT
✓ FOR 1999 lobbying registration

FROM

TO 458

ACCOUNT		
PAYMENT	10	—
BALANCE DUE		

cash
✓ check
money order

35237

BY K Dedon

TC1182

LHBA SELF INSURERS FUND
OPERATING ACCOUNT

35237

Vendor Name	Vendor Number	Check Date
LOUISIANA BOARD OF ETHICS	LA BOARD	01/14/199

Account	Description	Amount Pai
8-1-654-00	LA BOARD ETHICS LOBBING 12/9	10.00

CHECK TOTAL : $10.00