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, 1999

Lobbyist's Registration Number 186

FOR OFFICE USE ONLY
Postmark Date: 4-27-99
Reg
1990915
99 APR 27 P3:21
ETHICS BOARD
#1755
$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, (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.

1. NAME Dejoie (Last) Burl (First) J (MI)
2. BUSINESS PHONE 504 524 5563 (Area Code and Phone Number)
3. BUSINESS ADDRESS 822 Perdido St Ste 413 N.O., LA 70112 (Street and No. / City / State / Zip)
4. EMPLOYER Louisiana Weekly Pub. Co., Inc.
5. EMPLOYER'S ADDRESS 822 Perdido St Ste 413 N.O., LA 70112 (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 Barr Laboratories
      Address 2 Quaker Rd Pomona, NY 10970
      Business or purpose Pharmaceuticals
      Does this person pay you? [redacted]
      If No, who pays you? The Robert Group
   2. Name Louisiana Weekly Publishing Co., Inc.
      Address 822 Perdido St Ste 413 N.O., LA 70112
      Business or purpose Publishing
      Does this person pay you? ✓
      If No, who pays you?

HAND DELIVERED

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 Burtel Dejoie who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Burtel J. Dejoie
Signature of Lobbyist

Sworn to and subscribed before me on this 20th day of June, 19 97

Notary Public

Rev. 8/97