LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2000

442

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12-2-99
Rec'd
Ht. P811
Pb 10.00
KSD

1991669

Instructions

- Print in ink or type.
- Complete form 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 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 Risinger, William C. (Jr.)
Last First MI

2. BUSINESSPHONE 318-442-5602
Area Code and Phone Number

3. BUSINESS ADDRESS P. O. Box 13402 Alex., La. 71315 3908 Parliament Dr. Alex. 71303
Street and No. City State Zip

MAILING ADDRESS 3908 Parliament Dr. Alex., La. 71303 P.O. Box 13402 Alex,71315
Street and No. City State Zip

4. EMPLOYER Advise & Consent, Inc.

5. EMPLOYER'S ADDRESS 3908 Parliament Dr. Alex., La. 71303
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 Louisiana State Association of Optometrists

Address 115 B North 13th Oakdale, La. 71463

Business or purpose Promote Visual health of Louisiana residents and maintain integrity of the Optometric Profession.

Does this person pay you? yes

If No, who pays you?

Form 500, Rev. 8/99

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2. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

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? _____

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. 8/99