LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2000

505
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12-4-99
Reg
#1 78-79
$10.00
KSD

1991670

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 DICKERSON (Last) TIMOTHY (First) S. (MI)

2. BUSINESSPHONE 318-387-5286 (Area Code and Phone Number)

3. BUSINESS ADDRESS 2805 Cuba Blvd. (Street and No.) Monroe (City) LA. (State) 71201 (Zip)

MAILING ADDRESS 2805 Cuba Blvd. (Street and No.) Monroe (City) LA (State) 71201 (Zip)

4. EMPLOYER Professional Fire Fighters Associations

5. EMPLOYER'S ADDRESS 2805 Cuba Blvd. (Street and No.) Monroe (City) LA (State) 71201 (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 Professional Fire Fighters Association of LA.

Address 2805 Cuba Blvd. Monroe, LA. 71201

Business or purpose Professional Fire Fighters Fraternal Organization

Does this person pay you? yes

If No, who pays you?

Form 506, Rev. 6/99

LOBBYING REGISTRATION FORM

508
Lobbyist's Registration Number

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. 6/99