EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF _2005____

(Fill in year.)

7

FOR OFFICE USE ONLY
Postmark Date: 01/27/05

Reg. 2005
J#13446
$110.00WJ

3050020

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 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____Gwaltney_____Peter_____K.____
   Last First MI

2. BUSINESS PHONE____(225) 387-3282_____
   Area Code and Phone Number

3. FAX NUMBER____(225) 343-3159_____

4. BUSINESS ADDRESS_____5555 Bankers Avenue_____Baton Rouge_____LA _____70808__
   Street and No. City State Zip

   MAILING ADDRESS_____P. O. Box 2871_____Baton Rouge_____LA_____
   Street and No. City State Zip

5. EMPLOYER_____Louisiana Bankers Association_____

6. EMPLOYER'S ADDRESS_____5555 Bankers Avenue_____Baton Rouge_____LA_____70808_____
   Street and No. City State Zip

7. 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 Bankers Association_____

      Address_____5555 Bankers Avenue_____

      Business or purpose_____ Trade Association for Louisiana Banks_____

      Does this person pay you?__YES___

      If No, who pays you?_____

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED
2005 JAN 27 PM 12:27

EXECUTIVE LOBBYING REGISTRATION FORM

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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Lobbyist