EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2005

(Fill in year.)

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 02/15/05

Reg. 2005
V# 14883
$110.00 WS
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pk. 02/28/05

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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 Walker, Lemmie D.
   Last First MI

2. BUSINESS PHONE 225. 926.6065
   Area Code and Phone Number

3. FAX NUMBER

4. BUSINESS ADDRESS P.O. Box 15865 Baton Rouge, LA 70895
   Street and No. City State Zip

   MAILING ADDRESS Same
   Street and No. City State Zip

5. EMPLOYER Self

6. EMPLOYER'S ADDRESS Same
   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 Nursing Home Association

      Address 7844 Office Park Blvd.; Baton Rouge, LA 70809

      Business or purpose trade association

      Does this person pay you? yes

      If No, who pays you?

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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Form 504, Rev. 7/04

HAND DELIVERED

EXECUTIVE LOBBYING REGISTRATION FORM

2. Name Louisiana State Association of Optometrists

Address 115 B North 13th; Oakdale, LA 71463

Business or purpose professional trade association

Does this person pay you? yes

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