EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2006

(Fill in year.)

40

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 12/06/05
Ren. 2006
J# 7211
$110.00 US

3050199

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RECEIVED

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 Zuschlag (Last) Richard (First) E. (MI)

2. BUSINESS PHONE 337-291-3302 (Area Code and Phone Number)

3. FAX NUMBER 337-291-4499

4. BUSINESS ADDRESS 130 E Kaliste Saloom Road (Street and No.) Lafayette (City) LA (State) 70508 (Zip)

MAILING ADDRESS PO Box 98000 (Street and No.) Lafayette (City) LA (State) 70509-8000 (Zip)

5. EMPLOYER Acadian Ambulance Service

6. EMPLOYER'S ADDRESS PO Box 98000 (Street and No.) Lafayette (City) LA (State) 70509-8000 (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 Acadian Ambulance Service, Inc.

Address PO Box 98000 Lafayette LA 70509-8000

Business or purpose Pre-Hospital Care

Does this person pay you? X

If No, who pays you?

Form 504, Rev. 7/04

EXECUTIVE LOBBYING REGISTRATION/RENEWAL ATTACHMENT FORM

80
Executive Lobbyist Registration No.

Instructions:

- Please make as many copies of this form as necessary in order to complete Question 7 of the Executive Lobbying Registration/Renewal Form.
- Fill in your Executive Lobbyist Registration No. in the space provided in the upper right hand corner of the page.
- Please identify each page with a page number and indicate the total number of pages being submitted.

1. Name Lafayette Parish Communication District

   Address P.O. Box 82236 Lafayette LA 70598

   Business or purpose 911 emergency response center

   Does this person pay you? No

   If No, who pays you? Unpaid position, hold Chairman position

2. Name St. Plus X Church

   Address P.O. Box 80489 Lafayette LA 70598

   Business or purpose Catholic church & school

   Does this person pay you? No

   If No, who pays you? Unpaid position, volunteer

3. Name University of Louisiana - Lafayette Foundation

   Address P. O. Box 44290 Lafayette LA 70504

   Business or purpose University education

   Does this person pay you? No

   If No, who pays you? Unpaid position, civic volunteer, Board of Trustees

4. Name Louisiana State University Dean's Advisory Council (College of Business)

   Address 3304 CEBA Baton Rouge LA 70803-6302

   Business or purpose University education

   Does this person pay you? No

   If No, who pays you? Unpaid position, civic volunteer, Dean's Advisory Council

EXECUTIVE LOBBYING REGISTRATION FORM

40
Executive Lobbyist Registration No.

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.

RE [signature]

Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE