EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF _2006____

(Fill in year.)

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 01/24/06
Ren. 2006
#14698
$110.00 WY

3060030

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____Taylor_ _____ _____Robert___ _____ _____T.____
   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?_____ _____ _____ _____ _____

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