(E)

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF _____

(Fill in year.)

Executive Lobbyist Registration No. 504

FOR OFFICE USE ONLY
Postmark Date: 12-28-06
Ren 2007
$#1253
$110
wmi

SCANNED
FEB 07 2007
By: [signature]
3061509

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 Accardo, Jr (Last) Joseph (First) _____ (MI)

2. BUSINESS PHONE 985-359-4300 985-817-0238 cell
Area Code and Phone Number

3. FAX NUMBER 985-359-4303

4. BUSINESS ADDRESS 110 Belle Terre Blvd, Suite 200, Laplace, La 70068
Street and No. City State

MAILING ADDRESS Same
Street and No. City State Zip

ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED 2006 DEC 29 AM 11:40

5. EMPLOYER Ports Association of Louisiana.

6. EMPLOYER'S ADDRESS 3055 East Lakeshore Drive, 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 Ports Ass'n of Lou

Address 3055 East Lakeshore Drive, Baton Rouge, La 70808

Business or purpose Promote the interest of Ports & Maritime industry

Does this person pay you? Yes

If No, who pays you? _____

Rev: 2/6/07 PAS

EXECUTIVE LOBBYING REGISTRATION FORM

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.

Signature of Lobbyist

12/28/06

ATTACH
2" x 2"
PHOTOGRAPH
HERE

Renewal

Form 504, Rev. 7/04