(E)

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007

(Fill in year.)

Executive Lobbyist Registration No. 62

FOR OFFICE USE ONLY
Postmark Date: 1-31-07
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ETHICS REGISTRATIONS
CAMPAIGN FINANCE
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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 HEBERT (Last) JASON (First) E. (MI)

2. BUSINESS PHONE 225-202-8698 (Area Code and Phone Number)

3. FAX NUMBER 225-751-3246

4. BUSINESS ADDRESS P.O. Box 85330 (Street and No.) Baton Rouge (City) LA (State) 70884 (Zip)

MAILING ADDRESS P.O. Box 85330 (Street and No.) Baton Rouge (City) LA (State) 70884 (Zip)

5. EMPLOYER Impact Management Group, Inc.

6. EMPLOYER'S ADDRESS _____ (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 Support Our Troops, Inc.

Address 595 W. Granada Blvd. Ormond Beach, FL 32174

Business or purpose Non-Profit Organization

Does this person pay you? ~~No~~ yes

If No, who pays you? _____

HAND DELIVERED

Rev: 3/29/07 pgs(needs ack.tbl)

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name St. John Enterprises, LLC

Address P.O. Box 96 Garryville, LA 70051

Business or purpose maritime/river business/transportation

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

ATTACH 2" x 2" PHOTOGRAPH HERE