(E)

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008
(Fill in year.)

54
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 12.7.07
Ren. DB
CK# 1358
$110.00
ackr
3070611

Instructions

- Print in ink or type.
- Complete form and return with $210 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 (Last) Joseph (First) Jr. (MI)

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

3. FAX NUMBER 985/359-4303

4. BUSINESS ADDRESS 325 Belle Terre (Street and No.) Blvd Ste A (City) Laplace (State) LA (Zip) 70068

MAILING ADDRESS SAME (Street and No.) (City) (State) (Zip)

5. EMPLOYER Ports Association of La.

6. EMPLOYER'S ADDRESS 3055 East Lakeshore Dr. (Street and No.) Baton Rouge (City) La (State) 70808 (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 Association of La.

Address 3055 East Lakeshore Dr, Baton Rouge, La 70808

Business or purpose Promote the development of Ports and port facilities and Maritime Industry

Does this person pay you? Yes

If No, who pays you? _____

EXECUTIVE LOBBYING REGISTRATION FORM

54
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

Form 504, Rev. 7/04