EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF _____

(Fill in year.)

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 1/30/08

Reg-08
ck# 4987
$ 110.00
ack ✓

3071173

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 LOAR (Last) DANIEL (First) J. (MI)

2. BUSINESS PHONE 225-344-7120 (Area Code and Phone Number)

3. FAX NUMBER 225-383-9591

4. BUSINESS ADDRESS 3423 HUNDRED OAKS AVE., (Street and No.) BATON ROUGE, (City) LA (State) 70808 (Zip)

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

5. EMPLOYER LOUISIANA CONFERENCE OF CATHOLIC BISHOPS

6. EMPLOYER'S ADDRESS 3423 HUNDRED OAKS AVE, (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.

employer

1. Name LOUISIANA CONFERENCE OF CATHOLIC BISHOPS

Address 3423 HUNDRED OAKS AVE., BATON ROUGE, LA 70808

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

HAND DELIVERED

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name CITIZENS FOR EDUCATIONAL CHOICE

Address P.O. BOX 65196, BATON ROUGE, LA 70896

Business or purpose PRIVATE SCHOOLS IN LOUISIANA

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.

Daniel J. Lozar

Signature of Lobbyist