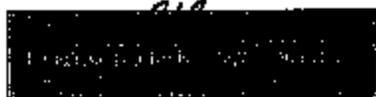


§2131. Executive Lobbying Registration/Renewal

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



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, or fax to (225) 763-8787. For information or assistance, call (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.

FOR OFFICE USE ONLY
 Postmark Date: 8-5-08
Aug. 08
CR-21308
\$110
OKV
3071853

1. NAME Norman John G.
Last First MI
2. BUSINESS PHONE 704-334-6475
Area Code and Phone Number
3. FAX NUMBER 704-334-3542
4. BUSINESS ADDRESS 301 S. College St. #2920 Charlotte, NC 28202
Street and No. City State Zip
- MAILING ADDRESS Same as above
Street and No. City State Zip
5. EMPLOYER WEDGE Capital Management L.L.P.
6. EMPLOYER'S ADDRESS Same as above
Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent and on whose behalf expenditures are made; (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 WEDGE Capital Management L.L.P.
 Address 301 South College St. #2920 Charlotte, NC 28202
 Business or purpose Investment Management
 Does this person pay you? Yes
 If No, who pays you? _____

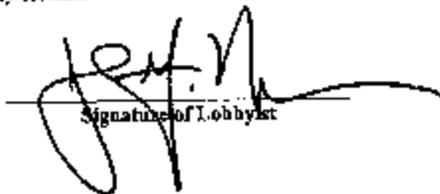
**EXECUTIVE LOBBYING
REGISTRATION FORM**



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

