

Lobbyist Registration Form
Louisiana Board of Ethics



Demographic Information:

Title: Mr.

Lobbyist ID: LB00000338

First Name: John Last Name: Frederic Jr Middle Name: A

Change First Name: _____ Change Last Name: _____ Change Middle Name: _____

Branch: Leg

Address Information:

Street: 200 Laurel St

City: Baton Rouge State: Louisiana Zip Code: 70801

Email: lafop@fop.net

Phone: 877-527-8367 Ext: _____

Fax: 800-672-6901

Employer Information:

Employer Name: Louisiana State Lodge Fraternal Order of Police

Address Information:

Street: 200 Laurel St

City: baton Rouge State: Louisiana Zip Code: 70801

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Information about person, group or organization which you represent:

Representative Name : Louisiana Fraternal Order of Police

Branch: Leg

Business Description : Non Profit Organization Representing the Concerns of Law
Enforcement Officers

Address: Street: 200 Laurel St

City: Baton Rouge

State: Louisiana

Zip Code: 70801

Paid by representation: Yes

Payment Category: \$24,999 or less

If **No**, who pays you:

Subject Matter 1: Public safety, police, and fire

Subject Matter 2: Unions, labor issues, and special advocacy groups.

Subject Matter 3: Law and lawyers

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Picture:

