

Lobbyist Registration Form
Louisiana Board of Ethics



Demographic Information:

Title: MR.

Lobbyist ID: LB00000773

First Name: MICHAEL

Last Name: WAINWRIGHT

Middle Name: HUGH

Change First Name: _____

Change Last Name: _____

Change Middle Name: _____

Branch: Leg and Exec

Address Information:

Street: 6032 River Road

City: Shreveport

State: Louisiana

Zip Code: 71105

Email: mhwlaw@shreve.net

Phone: 318-470-9393

Ext: _____

Fax: 318-798-0421

Employer Information:

Employer Name: Michael H. Wainwright, Attorney at Law

Address Information:

Street: 6032 River Road

City: Shreveport

State: Louisiana

Zip Code: 71105

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Information about person, group or organization which you represent:

Representative Name : Caddo Parish Communications District #1

Branch: Leg and Exec

Business Description : Public Safety Communications, i.e. 9-1-1

Address: Street: 1144 Texas Avenue

City: Shreveport

State: Louisiana

Zip Code: 71101

Paid by representation: Yes

Payment Category: \$24,999 or less

If **No**, who pays you:

Subject Matter 1:

Subject Matter 2:

Subject Matter 3:

Representative Name : Chiropractic Association of Louisiana

Branch: Leg and Exec

Business Description : Association of Chiropractic Physicians

Address: Street: 10636 Timberlake Drive

City: Baton Rouge

State: Louisiana

Zip Code: 70810

Paid by representation: Yes

Payment Category: \$24,999 or less

If **No**, who pays you:

Subject Matter 1:

Subject Matter 2:

Subject Matter 3:

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Picture:

