LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2000

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-24-00

1009
$10.00
RSD

1000572

Instructions

- Print in ink or type.
- Complete form and return with $10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 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 Goings (Last) Gina (First) E. (MI)

2. BUSINESSPHONE 225-757-1244 (Area Code and Phone Number)

3. BUSINESS ADDRESS 1448 Sharlo Avenue (Street and No.) Baton Rouge (City), LA (State) 70820 (Zip)

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

4. EMPLOYER The Goings Group, L.L.C.

5. EMPLOYER'S ADDRESS 1448 Sharlo Avenue (Street and No.) Baton Rouge (City), LA (State) 70820 (Zip)

6. 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 Louisiana Association of Beverage Alcohol Licensees, Inc.

Address 701 Metairie Rd., Suite A-201 Metairie, LA 70005

Business or purpose Trade Association

Does this person pay you? yes

If No, who pays you?

Form 500, Rev. 6/99

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name Louisiana Association of Nurse Anesthetists, Ltd.

Address P.O. Box 55261 Metairie, LA 70055

Business or purpose Trade Association

Does this person pay you? NO

If No, who pays you? Christopher G. Young, APLC

3. Name Treasure Chest Casino, L.L.C.

Address 5050 Williams Blvd. Kenner, LA 70065

Business or purpose Riverboat Casino

Does this person pay you? YES

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 the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Anna E. Young

Signature of Lobbyist

Form 500, Rev. 6/99

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-24-00

Prior Registration

Instructions

- Print in ink or type.
- Complete form and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Goings (Last) Gina (First) E. (MI)

2. BUSINESS PHONE 225-757-1244

3. BUSINESS ADDRESS 1448 Sharlo Avenue (Street and No.) Baton Rouge (City), LA (State) 70820 (Zip)

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

4. EMPLOYER The Goings Group, L.L.C.

5. EMPLOYER'S ADDRESS 1448 Sharlo Ave. (Street and No.) Baton Rouge (City), LA (State) 70820 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No ✓

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (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; and (e) the date of termination if applicable.

1. Name Louisiana Restaurant Association
Address 2700 N. Arnoult Rd. Metairie, LA 70002
Business or purpose Trade Association.

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 12/31/99

Form 601, Rev. 6/99

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name_____

Address_____

Business or purpose_____

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☐ Terminated Representation as of _____

3. Name_____

Address_____

Business or purpose_____

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☐ Terminated Representation as of _____

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 the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Gina E. Gouges
Signature of Lobbyist

Form 501, Rev. 8/99