LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

3000

7450

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 3-1-00
Recd
153365670
$10.00
KSD

1000629

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 Bache (Last) Reba (First) H (MI)

2. BUSINESS PHONE 225-665-6270

3. BUSINESS ADDRESS 32773 (Street and No.) Perkins (City) DS (State) LA (Zip) 70706

MAILING ADDRESS 32773 (Street and No.) Perkins (City) DS (State) LA (Zip) 70706

4. EMPLOYER Livingston Parish School (Louisiana School Bus Ass

5. EMPLOYER'S ADDRESS 32773 (Street and No.) Perkins (City) DS (State) LA (Zip) 70706

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No X

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 LSBO Assoc.

Address PO Box 339 Hessmer LA 71341

Business or purpose Transportation of students

☐ New Representation
Does this person pay you? NO

If No, who pays you? no one

☐ Terminated Representation as of NA

Form 501, 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 Discl[illegible] et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 501, Rev 6/99