LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

197

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 2-3-00
1. Supp
#3561
#109
KSD

1000750

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 Mc Cleary (Last) Judy (First) A (MI)

2. BUSINESS PHONE (225) 634-2190

3. BUSINESS ADDRESS 18 Dogwood Trace (Street and No.) The Bluffs (City) LA (State) 70748 (Zip)

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

4. EMPLOYER Mc Cleary and Associates Inc

5. EMPLOYER'S ADDRESS 18 Dogwood Trace (Street and No.) The Bluffs (City) LA (State) 70748 (Zip)

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 Association of Louisiana Electric Cooperatives Inc.
Address 10725 Airline Hwy Baton Rouge LA 70816
Business or purpose Electric Utility Association

☐ New Representation
Does this person pay you? ____
If No, who pays you? ____

☒ Terminated Representation as of 2-1-00

HAND DELIVERED

Form 501, Rev. 6/99

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name Delta Downs Racing Association Inc

Address PO Box 188 Vinton LA 70668

Business or purpose Race Track

☒ New Representation

Does this person pay you? Yes

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.

Judy Mc Cleary

Signature of Lobbyist

Form 501, Rev. 8/99