**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

**To be used for changes to registrations and terminations.**

171

**Lobbyist's Registration Number**

**FOR OFFICE USE ONLY**
Postmark Date: 5-1-00

L Supp
HI 3390
$10.00
KSD

1000967

## 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 Benny (Last) Joe (First) Wood (MI)

2. BUSINESS PHONE 318-582-7843

3. BUSINESS ADDRESS Same (Street and No.) (City) (State) (Zip)

MAILING ADDRESS 23338 Pine Hill (Street and No.) Cemetery (City) Rd (State) 70647 (Zip)

4. EMPLOYER Government Related Services

5. EMPLOYER'S ADDRESS 23338 Pine Hill (Street and No.) Cemetery (City) Rd (State) Town, La. 70647 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ___ No 1

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 Lighter Assn. Inc.

Address 1920 N. Street NW. Suite 800, Washington DC. 20036

Business or purpose Lighters

☑ New Representation

Does this person pay you? NO

If No, who pays you? Government Related Services

☐ Terminated Representation as of

HAND DELIVERED

Form 501, Rev. 6/99

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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.

Joe Ward Berry

Signature of Lobbyist

Form 501, Rev. 6/99