LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

392
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5-1-00
L Supp
J# 3390
$10.00
KSD

1000968

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 Berry, Johnnie L
Last First MI

2. BUSINESS PHONE 337-582-7843

3. BUSINESS ADDRESS 23339 Pinehill Cemetery Rd Iowa, LA. 70647
Street and No. City State Zip

MAILING ADDRESS 23338 Pinehill Cemc Iowa, LA. 70647
Street and No. City State Zip

4. EMPLOYER Government Related Services, Inc.

5. EMPLOYER'S ADDRESS Same
Street and No. City State 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 Lighter Association Inc.
Address 1920 N. Street, NW, Suite 800 Washington, D.C. 20036
Business or purpose 202-973-2707

☒ New Representation
Does this person pay you? NO
If No, who pays you? Government Services, Inc.

☐ Terminated Representation as of ____

HAND DELIVERED

Form 601, 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.

Signature of Lobbyist

Form 501, Rev. 8/99