LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

380

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4-19-00

L Supp
1#4010 rec'd 4-27-00
#10.00
KSD

1000970

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 Burkett (Last) Lucien (First) F (MI)

2. BUSINESS PHONE 225-295-1338

3. BUSINESS ADDRESS 11941 Justice (Street and No.) Baton (City) Rouge (State) La (Zip) 70846

MAILING ADDRESS P.O. Box 46478 (Street and No.) B.R. (City) LA (State) 70895 (Zip)

4. EMPLOYER

5. EMPLOYER'S ADDRESS (Street and No.) (City) (State) (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 NATIONAL Association of Chain Drugs Stores.
Address 8601 Six Forks Road Suite 400 Raleigh NC 27615
Business or purpose Association

☑ New Representation
Does this person pay you? NO

If No, who pays you? Nat. Retail Assn.

☐ Terminated Representation as of

HAND DELIVERED

Form 50A, 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