LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

#197

FOR OFFICE USE ONLY
Postmark Date: 5.4.00
1 Supp
#3706
$10.00
KSD

1000981

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 McCleary (Last) Judy (First) A. (MI)

2. BUSINESS PHONE (225) 634-2190

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

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

4. EMPLOYER McCleary 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 Alliance for a Strong Louisiana Economy
Address 801 North Blvd Ste 201 Baton Rouge LA 70809
Business or purpose Industry Coalition

☒ New Representation
Does this person pay you? No
If No, who pays you? La. Mid-Continent Oil and Gas Assoc.

☐ Terminated Representation as of _____

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

2. Name Cigar Association of America, Inc.
   Address 1707 H Street N.W. Ste 800 Washington DC 20006
   Business or purpose Trade association

   ☒ 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.

Signature of Lobbyist

Form 601, Rev. 6/99