LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

36
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5-19-00
Faxed
L Supp
Ht. 1067 rec'd 5-20-00
$10.00
KSD

1000999

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 Goings (Last) Gina (First) E. (MI)

2. BUSINESS PHONE 225-757-1244

3. BUSINESSADDRESS 1448 Sharlo Ave. (Street and No.) Baton Rouge (City) LA (State) 70820 (Zip)

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

4. EMPLOYER The Goings Group, L.L.C.

5. EMPLOYER'S ADDRESS 1448 Sharlo Ave. (Street and No.) Baton Rouge (City) LA (State) 70820 (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 Growth Capital Alliance.

Address 1030 15th Street NW, Suite 870 Washington, DC. 20005

Business or purpose Trade Association

☒ New Representation
Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

Form 201, Rev. 5/99

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2. Name Distilled Spirits Council of the United States

Address 1250 I Street, N.W., Suite 400 Washington, DC 20005-39

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.

Gina E. Goings

Signature of Lobbyist

Form 601, Rev. 6/98