LOBBYING SUPPLEMENTAL REGISTRATION FORM
To be used for changes to registrations and terminations.

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#1 403

FOR OFFICE USE ONLY
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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 Kirk, Victor C.
   Last First MI

2. BUSINESS PHONE 225-343-9243

3. BUSINESS ADDRESS 1755 Nicholsen Dr. Baton Rouge, La. 70802
   Street and No. City State Zip
   Same as above
   MAILING ADDRESS (P.O. Box 3933, B.R., La 70821)
   Street and No. City State Zip

4. EMPLOYER Louisiana Association of Educators
   1755 Nicholsen Dr. Baton Rouge, La. 70802

5. EMPLOYER'S ADDRESS
   Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X 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 Louisiana Association of Educators

Address 1755 Nicholson Dr. Baton Rouge, La. 70802

Business or purpose Teacher Union

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of June 11, 2000

Form 501, Rev. 8/99

SUPPLEMENTAL REGISTRATION FORM

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