LOBBYING SUPPLEMENTAL ...

To be used for changes to registrations and terminations.

(1) [illegible] Registration Number

(5)

FOR OFFICE USE ONLY
Postmark Date: 8 21 00
1 Sup
1 # [illegible]
[illegible]
VSD

1001579

Instructions

- Print in ink or type.
- Complete form and return with 510 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 Spencer (Last) William (First) F (MI)

2. BUSINESS PHONE (Home) 225-664-8682

3. BUSINESSADDRESS (Home) 10610 La. Hwy. 1033 Denham Springs, LA 70726
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

4. EMPLOYER N/A

5. EMPLOYER'S ADDRESS N/A
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 Motor Transport Associaiton, Inc.

Address P O Box 80278, BatonRouge, LA 70898

Business or purpose Non-Profit Trande Association representing the trucking industry.

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☒ Terminated Representation as of July 14, 2000

Form 601, Rev. 8/00

01 [redacted]

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.

William Blanco
Signature of Lobbyist

Form 501, Rev. [illegible]