LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

[illegible] Number

413

FOR OFFICE USE ONLY
Postmark Date: 9-26-00

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Instructions

- Print in ink or type.
- Complete form and return with $10 fee to Board of Ethics, 5401 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 Mapes (Last) Joe (First) A (MI)

2. BUSINESS PHONE 225 924 6121

3. BUSINESS ADDRESS 1821 Wooddale Ct #203 BR, LA 70806-153 (Street and No / City / State / Zip)

MAILING ADDRESS Same as above (Street and No / City / State / Zip)

4. EMPLOYER Sutton, Mapes, Yelverton, Inc.

5. EMPLOYER'S ADDRESS Same as above (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 ___

Address ___

Business or purpose ___

☐ New Representation
Does this person pay you? ___

If No, who pays you? ___

☐ Terminated Representation as of ___

Address change only

Form 501, Rev. 10/00

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 _____

Address change only

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.

Joe Mapes
Signature of Lobbyist

Form 801, Rev. 1/86

TOTAL P.02