

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

395
Lobbyist's Registration Number**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.

FOR OFFICE USE ONLY

Postmark Date: 11-26-00

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1001655

1. NAME LEGRANGE CHRIS TOMER G. MI
Last First MI2. BUSINESS PHONE 504/725-00473. BUSINESS ADDRESS 108 LAURA LN. DESTERHAN LA 70047
Street and No. City State ZipMAILING ADDRESS SAME
Street and No. City State Zip4. EMPLOYER P.A.C., INC.5. EMPLOYER'S ADDRESS SAME
Street and No. City State Zip6. 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 LA. VETERINARY MEDICAL ASSOCIATION

Address _____

Business or purpose TRAPAS ASSOCIATION New Representation
Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of 11/20/00

SUPPLEMENTAL REGISTRATION FORM

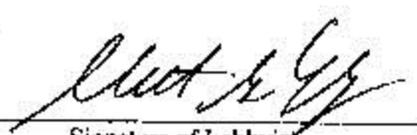
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2. Name DISTILLED SPIRITS COUNCIL OF THE U.S.
Address 1250 RYE STREET, N.W. WASHINGTON, D.C. 20005
Business or purpose _____
 New Representation
Does this person pay you? _____
If No, who pays you? _____
 Terminated Representation as of 11/20/00

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