# LOBBYING REGISTRATION FORM

**To be used for initial registrations and renewals.**

2001

**Lobbyist's Registration Number** 913

**FOR OFFICE USE ONLY**
Postmark Date: 1-16-01
Reg
V# 1827
$10.00
KSD

1010046

## Instructions

- Print in ink or type.
- Complete form and return with $10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Mapes (Last) Joseph (Joe) (First) A. (Mt)

2. BUSINESS PHONE 225-924-6121 (Area Code and Phone Number)

3. BUSINESS ADDRESS 1821 Woodlake Ct. #203A (Street and No.) Baton Rouge (City), LA (State) 70806 (Zip)

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

4. EMPLOYER Sutton, Mapes, + Yelverton

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

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (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.

1. Name BellSouth Telecommunications

Address PO Box 374 Baton Rouge, LA 70821

Business or purpose Telecommunications

Does this person pay you? No

If No, who pays you? Sutton, Mapes, + Yelverton

HAND DELIVERED

# LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name Louisiana Association of Fire and Casualty Companies

Address 1668 N. 7th Street Baton Rouge, LA 70802

Business or purpose Domestic Insurance

Does this person pay you? No

If No, who pays you? Sutton, Mapes, + Yelverton

3. Name Louisiana Collectors Association

Address #2705 Athania Parkway Metairie, LA 70002

Business or purpose Collections

Does this person pay you? No

If No, who pays you? Sutton, Mapes, + Yelverton

4. Name Reimbursement Consultants, Inc.

Address 5037 Sunset Blvd. Lexington, KY 29072

Business or purpose Worker's comp; second injury

Does this person pay you? No

If No, who pays you? Sutton, Mapes, + Yelverton

## 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

ATTACH 2" x 2" PHOTOGRAPH HERE FOR INITIAL REGISTRATION ONLY

# LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

5. Name Sutton, Mapes, + Yelverton

Address 1821 Wooddale Ct., Ste. 2034 Baton Rouge, LA 70806

Business or purpose Governmental Relations

Does this person pay you? Yes

If No, who pays you? _____

6. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

7. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

## 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

ATTACH 2" x 2" PHOTOGRAPH HERE FOR INITIAL REGISTRATION ONLY

Form 500, Rev. 8/02

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

**To be used for changes to registrations and terminations.**

**Lobbyist's Registration Number**

**FOR OFFICE USE ONLY**
Postmark Date:

## 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 Mapes (Last) Joseph (Joe) (First) A (MI)

2. BUSINESS PHONE 225-924-6121

3. BUSINESS ADDRESS 1821 Wooddale Ct., #2034 (Street and No.) Baton Rouge (City) LA (State) 70806 (Zip)

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

4. EMPLOYER Sutton, Mapes, + Yelverton

5. EMPLOYER'S ADDRESS Same (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 Louisiana Burglar + Fire Alarm Association
   Address 100 Beauvais, Ste A2 Lafayette, LA 70507
   Business or purpose Fire + Burglar alarm installation

   ☒ New Representation
   Does this person pay you? No
   If No, who pays you? Sutton, Mapes, + Yelverton

   ☐ Terminated Representation as of

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Form 55', Rev. 6/99

**SUPPLEMENTAL REGISTRATION FORM**

| Lobbyist's Registration Number |
|---|
| |

2. Name Lake Charles Pilots Association

Address 710 W. Prien Lake Rd, Ste 201 Lake Charles, LA 70601

Business or purpose River pilots

☒ 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 Represemation 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

Form 50-, Rev. 6-99