LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

606
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-23-01
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$10.00
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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 McMains (Last) Andrew (First) T (MI)

2. BUSINESS PHONE (225) 387-4000

3. BUSINESS ADDRESS 23rd Floor (Street and No.) One American Place (City) Baton Rouge (State), LA (Zip) 70802

MAILING ADDRESS P.O. Box 3197 (Street and No.) Baton Rouge (City) LA (State) 70821 (Zip)

4. EMPLOYER Breazeale Sachse & Wilson

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

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No X

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 Community Bankers of Louisiana, Inc.

Address 4825 Jamestown Avenue

Business or purpose Association of Community Bankers

☒ New Representation
Does this person pay you? Yes

If No, who pays you? ____

☐ Terminated Representation as of ____

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STATE OF LOUISIANA
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Form 501, Rev. 6/99

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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

Form 601, Rev. 0/99