LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

911
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-27-01
Rec'd
6124
$10.00
KB

1010380

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 Bodie (Last) Theresa (First) A. (MI)

2. BUSINESS PHONE (318) 747-0700

3. BUSINESS ADDRESS 4801 Viking DR. (Street and No.) Bossier City (City) LA (State) 71161 (Zip)

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

4. EMPLOYER HARRISON Company, Inc.

5. EMPLOYER'S ADDRESS 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 Louisiana Society for Human Resource Management

Address _____

Business or purpose Human Resource Profession

☑ New Representation
Does this person pay you? NO

If No, who pays you? HARRISON Company, Inc.

☐ Terminated Representation as of _____

Form 301 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.

Theresa A. Bodin
Signature of Lobbyist