LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

223

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 3-1-01
L. Supp
MO# 2756076984
$10.00
KSD

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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 Walker, Lemmie D.
Last First MI

2. BUSINESS PHONE 225-926-5065 or 225-338-3007

3. BUSINESS ADDRESS P.O. Box 15865 Baton Rouge, LA 70895
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

4. EMPLOYER Self

5. EMPLOYER'S ADDRESS P.O. Box 15865 Baton Rouge, LA 70895
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 Burkette and Associates

Address 11941 Justice Ave. Baton Rouge, LA 70816

Business or purpose GOVERNMENTAL RELATIONS

☑ New Representation
Does this person pay you? Yes

If No, who pays you?

☐ Terminated Representation as of

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Form 501, Rev. 6/98

223

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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_____

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 501 Rev. 8/06