**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

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

#41

**Lobbyist's Registration Number**

**FOR OFFICE USE ONLY**
Postmark Date: 5-7-01
L. Supp
# 3108
$10.00
PR

1010675

## 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 Gallagher, Paul T.
   Last First MI

2. BUSINESS PHONE 225-387-4373

3. BUSINESS ADDRESS 343 Third St., Ste 505, Baton Rouge, LA 70801
   Street and No. City State Zip

   MAILING ADDRESS P.O. Box 1687, Baton Rouge, LA 70821
   Street and No. City State Zip

4. EMPLOYER Self

5. EMPLOYER'S ADDRESS Same as 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 Applied Concepts, Inc.

      Address 16600 Sprague Rd., Suite 80, Middleburg Heights, OH 44130

      Business or purpose Charitable gaming supplies

      [X] New Representation
      Does this person pay you? yes

      If No, who pays you?

      [ ] Terminated Representation as of

Form 601 Rev. 6/98

HAND DELIVERED

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2. Name Louisiana Association Nurse Anesthetists, Ltd.

Address P.O. Box 55261, Metairie, LA 70055-5261

Business or purpose Association

[X] 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 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. 2/98