LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

309
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5-4-01
1 Supp
yes omitted
fee pd 5-30-01 $10
ck# 10444 jn

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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 Cormier (Last) Maxine (First) (MI)

2. BUSINESS PHONE (225) 761-5007

3. BUSINESSADDRESS P. O. Box 4625 (Street and No.) Baton Rouge (City) (State) LA 70821 (Zip)

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

4. EMPLOYER self-employed

5. EMPLOYER'S ADDRESS N/A (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 LA Assn. of Nurse Anesthetists, Ltd.

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

Business or purpose association of nurse anesthetists

☒ New Representation
Does this person pay you? Yes

If No, who pays you?

☐ Terminated Representation as of

HAND DELIVERED

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 501, Rev. 6-89