LOBBYING SUPPLEMENTAL REGISTRATION FORM

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.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark
Date:_____

1. NAME: HUNT (Last) Darrell (First) W. (MI)

2. BUSINESS PHONE: 225.336.4390

3. BUSINESS ADDRESS: 2375 Wisteria Street (Street and No.) Baton Rouge (City) LA (State) 70806 (Zip)

MAILING ADDRESS: same as above (Street and No. / City / State / Zip)

4. EMPLOYER: self-employed

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 X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such perso

1. Name: Louisiana Association of Nurse Anesthetists

Address: 575 North 8th Street, Baton Rouge, La. 70802

Business or purpose: representation of state's certified registered nurse anesthetists

☑ New Representation
Does this person pay you? yes

If No, who pays you?_____

☐ Terminated Representation as of _____

Form 801, Rev.

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

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?_ __

☐ Teminated Representation as of _____

4. Name

Address:

Business or purpose

☐ New Representation
Does this person pay you?_ _

If No, who pays you? _____

☐ Teminated 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.

Darrell W. Hung 5/11/01
Signature of Lobbyist

Form 501, Rev. 6/99