BBYING SUPPLEMENTAL REGISTRATION FORM

o be used for changes to registrations and terminations.

266
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/21/01
LSUPP
1011744

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required.
- 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 Stoom, Charles G. (Last, First, MI)

2. BUSINESS PHONE 225-752-1415

HAND DELIVERED

3. BUSINESS ADDRESS 19251 Highland Rd, Baton Rouge, LA 70809 (Street and No., City, State, Zip)

MAILING ADDRESS SAME (Street and No., City, State, Zip)

4. EMPLOYER ABC Louisiana

5. EMPLOYER'S ADDRESS SAME (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 Associated Builders & Contractors of Louisiana
   Address 19251 Highland Rd, Baton Rouge, LA 70809
   Business or purpose Contractors association

   ☐ New Representation
   Does this person pay you?_____

   If No, who pays you?_____

   ☒ Terminated Representation as of Dec. 31, 2001

Form 501, Rev. 7/2001

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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.

Charles G. Stoma
Signature of Lobbyist
12/31/01

Form 061, Rev. 7/2001