**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

4704
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/10/02

LSUPP

1020151

## 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 Whitecourt (Last) Robert (First) J (MI)

2. BUSINESS PHONE 504-833-0640

3. BUSINESS ADDRESS 118 Hollywood Dr (Street and No.) Metairie (City) La (State) 70005 (Zip)

MAILING ADDRESS P.O. Box 55878 (Street and No.) Metairie (City) La (State) 70055 (Zip)

4. EMPLOYER Self employed

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 New Orleans - Baton Rouge Steamship Pilots Association
   Address 3900 River Road Jefferson La 70121
   Business or purpose Piloting large Ship
   ☐ New Representation
   Does this person pay you? ____
   If No, who pays you? ____
   ☑ Terminated Representation as of 1-10-2002

Form 601, 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.

_____ _____
Signature of Lobbyist

Form 501, Rev. 1/2001