LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

326
Registration Number

FOR OFFICE USE ONLY
Postmark Date: 2/28/02

LSupp

1020806

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 Goings (Last) Gina (First) L. (MI)

2. BUSINESS PHONE 225-326-1244

3. BUSINESS ADDRESS 526 Spanish Town Rd. (Street and No.) Baton Rouge (City) LA (State) 70802 (Zip)

MAILING ADDRESS 325 Exposition Blvd. (Street and No.) New Orleans (City) LA (State) 70118 (Zip)

4. EMPLOYER The Goings Group, L.L.C.

5. EMPLOYER'S ADDRESS 526 Spanish Town Rd. (Street and No.) Baton Rouge (City) LA (State) 70802 (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 Growth Capital Alliance
   Address 1030 15th Street, N.W., Suite 870 Washington, DC 20005
   Business or purpose Trade Association

   ☐ New Representation
   Does this person pay you? _____

   If No, who pays you? _____

   ☒ Terminated Representation as of 2/27/02

Form 501, Rev. 7/2001

[redacted]

SUPPLEMENTAL REGISTRATION FORM

2. Name Advantage Capital Partners

Address 909 Poydras Street, Suite 2230 New Orleans LA 70112

Business or purpose Venture Capital Firm

☒ 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.

Gina E. Goings
Signature of Lobbyist

Form 501, Rev 7/2001