LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

4/13
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 6/21/02
L Supp

1020926

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 Mapes (Last) Joe (First) A. (MI)

2. BUSINESS PHONE 225 924 6122

3. BUSINESS ADDRESS 1821 Wooddale Ct #207 BR, LA 70806 (Street and No. / City / State / Zip)

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

4. EMPLOYER Mapes & Mapes, Inc.

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 Dehart and Darr
   Address 1360 Beverly Rd, Ste 201
   Business or purpose McLean, VA 22101 - Professional Assn
   ☑ New Representation
   Does this person pay you? No
   If No, who pays you? Mapes & Mapes, Inc.
   ☐ Terminated Representation as of ___

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.

_____
Signature of Lobbyist

Form 501, Rev. 7/2001