**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

**To be used for changes to registrations and terminations.**

413
Lobbyist's Registration Number

**FOR OFFICE USE ONLY**
Postmark Date: 9/15/02
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1021450

## 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. 383.8923
3. BUSINESS ADDRESS: 731 Lakeland Dr (Street and No.) BR (City) LA (State) 70802 (Zip)

   MAILING ADDRESS: _____ Street and No. City State Zip
4. EMPLOYER: Mapes & Mapes, Inc
5. EMPLOYER'S ADDRESS: 731 Lakeland Dr (Street and No.) BR (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: DeMart & DARR
      Address: 1360 Beverly Rd Ste 201 McLean VA 22101
      Business or purpose: 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

3. Name_____

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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.

Joe Mayes
Signature of Lobbyist

Form 101, Rev. 2/2001