**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

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

106
**Lobbyist's Registration Number**

**FOR OFFICE USE ONLY**
Postmark Date: 11/7/02
LSupp
**1021492**

## Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 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 Olds (Last) Vera (First) L. (MI)

2. BUSINESS PHONE (225) 242-8007

3. BUSINESS ADDRESS P.O. Box 44081 (Street and No.) Baton Rouge (City) LA (State) 70804 (Zip)

MAILING ADDRESS Same as above (Street and No.) (City) (State) (Zip)

4. EMPLOYER Olds & Associates, LLC

5. EMPLOYER'S ADDRESS Same as above (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 Compaq Computer Co.

Address 20555 SH 249 MC-CCH0302-070 Houston, Texas 77070

Business or purpose ____

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of Nov. 15, 2002

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Form 501, Rev. 10/2002

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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 309, Rev. 10/2009