LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

CP # 1320 11-11-02

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- 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.

FOR OFFICE USE ONLY
Postmark Date: 11/12/02

Supp

1021498

1. NAME Norman (Last) Laura (First) R (MI)
2. BUSINESS PHONE 225. 926-8300
3. BUSINESS ADDRESS 2131 So. Acadian #230 (Street and No.) Baton Rouge (City) La. (State) 70808 (Zip)
4. EMPLOYER La. Oil Marketers & Convenience Store Assn.
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 La. Oil Marketers & Conv. Store Assn.
   Address 2131 S. Acadian #230 B.R. La. 70808
   Business or purpose Trade Assn

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 10.31.02

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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 _____

State of _____

Parish of _____

Before me, the undersigned authority, personally came and appeared _____, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Laura Dome
Signature of Lobbyist

Sworn to and subscribed before me on this _____ day of _____, 19____.

_____
Notary Public

Rev. 8/97