**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

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

855

**Lobbyist's Registration Number**

**FOR OFFICE USE ONLY**
Postmark Date: 12/11/02
L Supp
1021638

## Instructions

- Print in ink or type.
- Complete form and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- 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 Gascon (Last) Tony (First) M (MI)

2. BUSINESS PHONE 225 242-9001

3. BUSINESS ADDRESS 220 Gleason Street (Street and No.) Brady (City) LA (State) 70719 (Zip)

MAILING ADDRESS PO Box 44253 (Street and No.) Bat. Rge (City) LA (State) 70804 (Zip)

4. EMPLOYER Gascon Governmental, Inc.

5. EMPLOYER'S ADDRESS PO Box 44253 (Street and No.) Baton Rouge (City) LA (State) 70804 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No X

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 Menhaden Advisory Council for the Gulf of Mexico

Address PO Box 44253 Baton Rouge, LA 70804

Business or purpose Menhaden Advisory Group

☒ New Representation
Does this person pay you? Yes

If No, who pays you? ____

☐ Terminated Representation as of ____

Form 501, Rev. 6/89

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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 101, Rev 6/98