LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/3/02
LSUPP
1021805

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 JOSEPH A
   Last First MI

2. BUSINESS PHONE 225 383 8923

3. BUSINESS ADDRESS 731 Lakeland Dr BR LA 70802
   Street and No. City State Zip

   MAILING ADDRESS Same
   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 LA School Nurses Organization
      Address 511 St John Street Bunkie, LA 71322
      Business or purpose Protect School Nurses

      ☑ New Representation
      Does this person pay you? No
      If No, who pays you? Mapes, Mapes, Inc.

      ☐ Terminated Representation as of____

Form 801, 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. 2/2001