LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

855
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 2/12/03
LSupp
1022373

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Drive, Third Floor Baton Rouge, Louisiana 70808. Phone (225)763-8777 or 1(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 GASCON (Last) TOBY (First) M (MI)

2. BUSINESS PHONE 225-412-0061

3. BUSINESSADDRESS 220 Gleason St. (Street and No.) Brusly (City) LA (State) 70719 (Zip)

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

4. EMPLOYER The Gascon Group, Inc.

5. EMPLOYER'S ADDRESS 220 Gleason St. (Street and No.) Brusly (City) LA (State) 70719 (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 The Gascon Group, Inc.

Address PO Box 44253 Baton Rouge, LA 70804

Business or purpose Governmental Consulting

☒ New Representation
Does this person pay you? Yes

If No, who pays you? ____

☐ Terminated Representation as of ____

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2. Name Gascon Governmental

Address Co Box 44253 Baton Rouge, LA 70804

Business or purpose Gov. Consulting

☐ New Representation
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of 2/7/03

3. Name LA Hospice Organization

Address 3154 B Collge Drive #612 BR, LA 70808

Business or purpose Long term Care

☐ New Representation
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of 2/7/03

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 7/2001