LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number: 8935

FOR OFFICE USE ONLY
Postmark Date: 3/7/03
LS Supp
102251

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: Bishop (Last) Cindy (First) G. (MI)
2. BUSINESS PHONE: (225) 923-1599
3. BUSINESS ADDRESS: PO Box 80053 (Street and No.), Baton Rouge (City), LA (State) 70898 (Zip)

   MAILING ADDRESS: _____ (Street and No.) _____ (City) _____ (State) _____ (Zip)
4. EMPLOYER: self-employed
5. EMPLOYER'S ADDRESS: PO Box 80053 (Street and No.), Baton Rouge (City), LA (State) 70898 (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: American Cancer Society
      Address: 4919 Jamestown, Baton Rouge LA 70808
      Business or purpose: Non profit
      ☑ New Representation
      Does this person pay you? Yes
      If No, who pays you? _____
      ☐ Terminated Representation as of _____

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2. Name La. Hearing Society of Hearing Aid Specialists

Address 8611 Goodwood Blvd, BR, LA 70806

Business or purpose nonprofit association

☑ New Representation

Does this person pay you? yes

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.

Cindy L Bishop

Signature of Lobbyist

Form 501, Rev. 10/1999