LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

89
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 3/25/03

LSUPP
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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 ROSE (Last) Jo (First) A. (MI)

2. BUSINESS PHONE 335-0072

3. BUSINESS ADDRESS 652 WHEATSHEAF DRIVE (Street and No.) BATON ROUGE (City) LA (State) 70810 (Zip)

MAILING ADDRESS 652 WHEATSHEAF DRIVE (Street and No.) BATON ROUGE (City) LA (State) 70810 (Zip)

4. EMPLOYER Jo ROSE & ASSOCIATES

5. EMPLOYER'S ADDRESS 652 WHEATSHEAF DRIVE (Street and No.), BATON ROUGE (City), LA (State) 70810 (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 LOUSIANA ACADEMY OF FAMILY PHYSICIANS
   Address 919 JARA BOULEVARD, BATON ROUGE, LA 70806
   Business or purpose FAMILY PHYSICIANS

   ☒ New Representation
   Does this person pay you? YES

   If No, who pays you?_____

   ☐ Terminated Representation as of_____

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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 504, Rev. 7/2001