LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number: 893

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.

FOR OFFICE USE ONLY
Postmark Date: 4/22/03
LSUPP
[illegible]

1. NAME Bishop (Last) Cindy (First) E G. (MI)

2. BUSINESS PHONE (225) 923-1599

3. BUSINESS ADDRESS PO Box 80053 (Street and No.) Baton Rouge (City) LA (State) 70898-0053 (Zip)

MAILING ADDRESS PO Box 80053, (Street and No.) Baton Rouge (City) LA (State) 70898-0053 (Zip)

4. EMPLOYER Checkmate Strategies

5. EMPLOYER'S ADDRESS _____ (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 Louisiana Society of Anesthesiologists

Address 5114 Lost Oak

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of Oct 2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name La Association of Non Profit Organizations

Address PO Box 3808, BR. La 70821

Business or purpose Nonprofit association

☒ 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.

Cindy Bishop

Signature of Lobbyist

Form 807, Rev. 10/2002