LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number 191

FOR OFFICE USE ONLY
Postmark Date: 9/21/03
LSupp
1022590

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 McCleary (Last) Judy (First) A (MI)

2. BUSINESS PHONE (225) 634-2190

3. BUSINESS ADDRESS 18 Dogwood Trace (Street and No.) The Bluffs (City) LA (State) 70748 (Zip)

MAILING ADDRESS Same (Street and No.) (City) (State) (Zip)

4. EMPLOYER McCleary and Associates Inc

5. EMPLOYER'S ADDRESS 18 Dogwood Trace (Street and No.) The Bluffs (City) LA (State) 70748 (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 Star Service Inc.

Address 527 North Acadian Thruway Baton Rouge LA 70806

Business or purpose Heating / Cooling Contractor

☒ New Representation
Does this person pay you? Yes

If No, who pays you? ____

☐ Terminated Representation as of ____

Form 901, Rev. 7/2001

HAND DELIVERED

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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.

Judy McCleaky
Signature of Lobbyist

Form 501, Rev. 7/2001