LOBBYING SUPPLEMENTAL REGISTRATION FORM

be used for changes to registrations and terminations.

✓ 748

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5/3/03
LSUPP
1022628

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 Murray (Last) Larry (First) L. (MI)

2. BUSINESS PHONE 225-344-1164

3. BUSINESSADDRESS 218 Laurel St. (Street and No.) Baton Rouge (City) LA (State) 70801 (Zip)

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

4. EMPLOYER

5. EMPLOYER'S ADDRESS (Street and No.) (City) (State) (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 Louisiana Association of Brokers and Dealers

Address 218 Laurel St., Baton Rouge, LA 70801

Business or purpose association domiciled in louisiana representing brokers and dealers

☑ New Representation

Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

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7148
Lobbyist's Registration Number

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 501, Rev. 7/2001