LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

#373
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5/17/02
LSupp
10/2/02

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 Hood, Jr. (Last) F. (First) Malcolm (MI)

2. BUSINESS PHONE 225-344-8036

3. BUSINESS ADDRESS One American Place, Suite 1170 (Street and No.) Baton Rouge (City) LA (State) 70825 (Zip)

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

4. EMPLOYER F.M. Hood & Associates

5. EMPLOYER'S ADDRESS Same (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 Independent Oil & Gas Association (LIOGA)/Don Briggs

Address P.O. Box 4069 Baton Rouge, LA 70821-4069

Business or purpose Represents the independent oil and gas industry in Louisiana.

☑ New Representation

Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

Form 801, Rev. 7/2001

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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 604, Rev. 7/2001