LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1080
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5/12/00

LSUPP

1022646

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.

1. NAME FEZEKAS ROBERT R.
   Last First MI

2. BUSINESS PHONE (504) 931-9189

3. BUSINESS ADDRESS P.O. BOX 925 MERAUX LA 70075-0925
   Street and No. City State Zip

   MAILING ADDRESS 2413 BARTOLO DR. MERAUX LA 70075
   Street and No. City State Zip

4. EMPLOYER FEZEKAS LTD

5. EMPLOYER'S ADDRESS P.O. BOX 925 MERAUX, LA 70075-0925
   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 FEZEKAS LTD dba PITT BULL LOGISTIC SERVICE

      Address P.O. BOX 925 MERAUX, LA 70075-0925

      Business or purpose TRUCKING

      ☑ New Representation
      Does this person pay you? YES

      If No, who pays you? ____

      ☐ Terminated Representation as of ____

Form 801, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

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.

Robert R. Fezekas
Signature of Lobbyist

Form 501, Rev. 10/2002