LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

407

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5/23/03

LSUPP

10226.10

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: COWART, Rufus Duane
   Last First MI

2. BUSINESS PHONE: 225-819-9945

3. BUSINESS ADDRESS: 10935 Perkins Rd, Suite A, Baton Rouge, LA 70810
   Street and No. City State Zip

   MAILING ADDRESS: same
   Street and No. City State Zip

4. EMPLOYER: The Cowart Group, Inc.

5. EMPLOYER'S ADDRESS: same
   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: National Marine Manufacturers Association
      Address: 1819 L Street NW, Suite 710, Washington, D.C. 20036
      Business or purpose: Pleasure boat and motor manufacturing

      ☑ New Representation
      Does this person pay you? yes

      If No, who pays you? _____

      ☐ Terminated Representation as of _____

Form 505, Rev. 10/2002

HAND DELIVERED

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2. Name Personal Watercraft Industry Association

Address 1819 L Street NW, Suite 710, Washington, D.C. 20036

Business or purpose Recreational Watercraft

☑ New Representation

Does this person pay you? yes

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.

Dianne Cowart

Signature of Lobbyist

Form 501 Rev. 10/2002