LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 11/20/03
LSupp
102330

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 Mapes (Last) Joe (First) A. (MI)

2. BUSINESS PHONE ~~985 383~~ 877 543 0553 new #

3. BUSINESS ADDRESS 731 Lakeland Dr (Street and No.) BR (City) LA (State) 70802 (Zip)

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

4. EMPLOYER Joe Mapes - Mapes 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 Raymond James & Assoc
   Address 880 Carillon Pkwy St Petersburg FL 33716
   Business or purpose Bond Underwriting

   ☐ New Representation
   Does this person pay you?____

   If No, who pays you?____

   ☑ Terminated Representation as of 9/1/03

Form 801, Rev. 10/2003

SUPPLEMENTAL REGISTRATION FORM

Lobbyist Registration Number

2. Name LA Academy of Physician Assistants
Address 8550 United Plaza Blvd Ste 100 BR, LA 70809
Business or purpose Association of Phys Asst

☑ New Representation
Does this person pay you? No
If No, who pays you? Mapes & Mapes, Inc.

☐ 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.

Joe Mapes
Signature of Lobbyist

Form 501, Rev. 10/2002