LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/6/04

Term

102351

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 Clark (Last) Donald (First) C (MI)

2. BUSINESS PHONE 225-757-8016 / 225-413-4833

3. BUSINESS ADDRESS 1515 Beckenham Dr (Street and No.) B.R. (City) La (State) 70808 (Zip)

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

4. EMPLOYER Don Clark, Inc

5. EMPLOYER'S ADDRESS Same as Above (Street and No.) (City) (State) (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X 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 Haynie + Associates

Address P.O. Box 44032, Capital Station, B.R., La. 70804

Business or purpose ___

☐ New Representation
Does this person pay you? ___

If No, who pays you? ___

☒ Terminated Representation as of 12/31/03

2004 JAN -6 PM 3:28

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

Form 501, Rev. 10/2002

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

Lobbyist Registration Number

2. Name O.M. Operating LLC

Address 903 E Main St. New Roads, La 70760

Business or purpose

☐ New Representation

Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of 12/31/03

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. 10/2002