

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

Lobbyist's Registration Number   
--

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> 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.

**FOR OFFICE USE ONLY**  
 Postmark Date: 05/10/04

SUPP

1040692

 1. NAME McClary Judy A  
Last First MI

 2. BUSINESS PHONE 225/634-2190

 3. BUSINESS ADDRESS 18 Dogwood TRACE The Bluffs LA 70748  
Street and No. City State Zip

 MAILING ADDRESS SAME  
Street and No. City State Zip

 4. EMPLOYER McClary AND Associates Inc

 5. EMPLOYER'S ADDRESS 18 Dogwood TRACE The Bluffs LA 70748  
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 EJ I-12 LLC

 Address 11838 Richcraft Ave Baton Rouge LA 70814

 Business or purpose Real estate development
 New Representation  
 Does this person pay you? NO

 If No, who pays you? E. Jacob Construction Co. Inc.
 Terminated Representation as of \_\_\_\_\_
**HAND DELIVERED**

**SUPPLEMENTAL REGISTRATION FORM**



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.

Judy McCleary  
Signature of Lobbyist