LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

157
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 6/30/04
LSOPP
DPS
10407416

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 ADAM (Last) GINGER (First) E (MI)

2. BUSINESS PHONE 225.767.5151

3. BUSINESS ADDRESS 10652 Molly Avenue, Baton Rouge, LA 70810
Street and No. City State Zip

MAILING ADDRESS SAME
Street and No. City State Zip

4. EMPLOYER SELF

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 COURSON NICKEL
Address 445 North Blvd., Suite 604, Baton Rouge, LA 70802
Business or purpose Issues management

☐ New Representation
Does this person pay you?_____

If No, who pays you? _____

☑ Terminated Representation as of 7.1.04

Form 501, Rev. 10/2002

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2. Name LA Independent Oil & Gas Association
Address P.O. Box 4069, Baton Rouge, LA 70821
Business or purpose oil & gas trade association

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 7-1-04

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.

Ginger L Adams
Signature of Lobbyist

Form 501, Rev. 102002