

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1041435
Lobbyist's Registration Number

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.

FOR OFFICE USE ONLY

Postmark Date: 12/10/04

TERM

1041435

1. NAME Rester, Jr. Gene
Last First MI

2. BUSINESS PHONE (985) 735-7877

3. BUSINESS ADDRESS 57280 Knapp Thomas Road Bogalusa La. 70429
Street and No. City State Zip

MAILING ADDRESS 57280 Knapp Thomas Road Bogalusa La. 70429
Street and No. City State Zip

4. EMPLOYER LOUISIANA SCHOOL BUS OPERATORS ASSOCIATION

5. EMPLOYER'S ADDRESS Post Office, Box 339 Hessermer La. 71341
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 Louisiana School Bus Operators Association
Address Post Office, Box 339, Hessermer, La. 71341
Business or purpose TRANSPORTATION OF STUDENTS

New Representation
Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of December 1, 2004

2004 DEC 13 PM 3: 09

LOUISIANA
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

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 _____

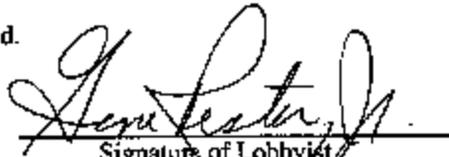
New Representation
Does this person pay you? _____

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.



Signature of Lobbyist
Gene Rester, Jr.