LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/18/05
LSUPP
1041731

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 Hightower (Last) John (First) S (MI)

2. BUSINESS PHONE (225) 376-1175

3. BUSINESS ADDRESS 301 Main St. One American Place, 1012, Baton Rouge, La. 70825 (Street and No. / City / State / Zip)

MAILING ADDRESS 231 E. Woodgate Ct., Baton Rouge, La 70808-5408 (Street and No. / City / State / Zip)

4. EMPLOYER AARP

5. EMPLOYER'S ADDRESS 301 Main St. One American Place Ste 1012, Baton Rouge, La 70825 (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 John S. Hightower, Public Affairs Counsel
Address 231 E. Woodgate Ct Baton Rouge, La 70808-5408
Business or purpose Contract Lobbyist, Public Relations, and Organization Mgmt. Company

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of JAN. 17, 2005

LOUISIANA ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED 2005 JAN 19 AM 11:59

Form 501, Rev 10/2002

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

Form 501, Rev. 10/2002