LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/27/05
TERM
1050095

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 Wascom (Last) Ronald (First) S. (MI)

2. BUSINESS PHONE 225-769-3191

3. BUSINESS ADDRESS 7912 Summa Ave. (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

MAILING ADDRESS 7912 Summa Ave (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

4. EMPLOYER LA School Boards Association

5. EMPLOYER'S ADDRESS 7912 Summa Ave (Street and No.) Baton Rouge (City) LA (State) 70809 (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 LA School Boards Association
   Address 7912 Summa Ave Baton Rouge LA 70809
   Business or purpose Public Education

   ☐ New Representation
   Does this person pay you? ___

   If No, who pays you? ___

   ☑ Terminated Representation as of 2-28-05

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ETHICS ADMINISTRATION
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Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

2. Name LA Association of School Superintendent

Address 7912 Summa Ave Baton Rouge LA 70809

Business or purpose Public Education

☐ New Representation

Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of 2-28-05

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.

Ronald E. Wa

Signature of Lobbyist

Form 601, Rev. 10/2002