

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbying 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: 03/10/05

LSUPP 03/19/05

AMENDMENT

1050547

1. NAME ROBIN DAE A.
Last First MI

2. BUSINESS PHONE (985-893-0906)

3. BUSINESS ADDRESS 81125 Hwy. 1129 Covington LA 70435
Street and No. City State Zip

MAILING ADDRESS 81125 Hwy. 1129 Covington LA 70435
Street and No. City State Zip

4. EMPLOYER DAE INC. d/b/a ROBIN & ASSOCIATES

5. EMPLOYER'S ADDRESS 81125 Hwy. 1129 Covington LA 70435
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 ST. BERNARD PORT HARBOR AND TERMINAL DISTRICT

Address P. O. BOX 1331 Chalmette Louisiana 70044-1331

Business or purpose CONSULTING

New Representation
Does this person pay you? Yes

If No, who pays you? _____

Terminated Representation as of _____

2005 MAR 21 PM 2:26

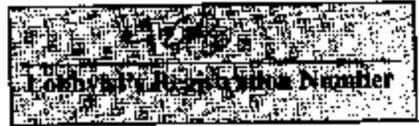
ETHICS REGISTRATION
CAMPAIGN FINANCE
RECEIVED

2005 MAR 11 AM 11:35

ETHICS REGISTRATION
CAMPAIGN FINANCE
RECEIVED

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

**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 ONLYPostmark Date: 03/10/05

LSUPP

1050547

1. NAME ROBIN DAM A.
Last First MI2. BUSINESS PHONE (985-893-0906)3. BUSINESS ADDRESS 81125 Hwy. 1129 Covington LA 70435
Street and No. City State ZipMAILING ADDRESS 81125 Hwy. 1129 Covington LA 70435
Street and No. City State Zip4. EMPLOYER DAR INC. d/b/a ROBIN & ASSOCIATES5. EMPLOYER'S ADDRESS 81125 Hwy. 1129 Covington LA 70435
Street and No. City State Zip6. 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 St. BERNARD PORT HARBOR AND TERMINAL DISTRICTAddress P. O. BOX 1281 Chalmette Louisiana 70044-1331

Business or purpose _____

 New Representation
 Does this person pay you? Yes

If No, who pays you? _____

 Terminated Representation as of _____

2005 MAR 11 AM 11:35

ETHICS REGISTRATION
CASH 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 _____

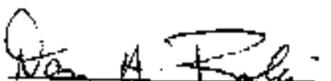
New Representation
Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

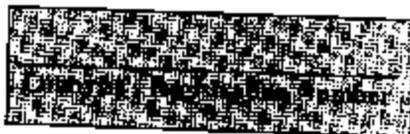
I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

AMENDMENT

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