

# 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 Drive, Third Floor Baton Rouge, Louisiana 70808 Phone (225)763-8777 or 1(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: 4/25/05

LSOPP

1050316

1. NAME Hood F. Malcolm  
Last First MI

2. BUSINESS PHONE 225-344-8036

3. BUSINESS ADDRESS One American Place, Suite 1170 Baton Rouge, LA 70825

Street and No. City State Zip  
Same

MAILING ADDRESS

Street and No. City State Zip

4. EMPLOYER F. M. Hood & Associates

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 LA Independent Oil & Gas Association  
Address P.O. Box 4069 Baton Rouge, LA 70821

Business or purpose Oil & Gas

New Representation yes  
Does this person pay you?     

If No, who pays you?     

Terminated Representation as of     

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FILED REGISTRATION  
BOARD OF ETHICS  
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**SUPPLEMENTAL REGISTRATION FORM**

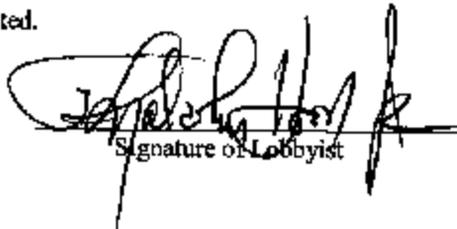


2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
 New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
 Terminated Representation as of \_\_\_\_\_

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