LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

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 07/05/05
L SUPP
SCANNED
JUL 1 3 2005
By: WJ
1050704

1. NAME Goings (Last) Gina (First) E. (MI)
2. BUSINESS PHONE 225-326-1244
3. BUSINESS ADDRESS 526 Spanish Town Rd. Baton Rouge, LA 70802 (Street and No. / City / State / Zip)

   MAILING ADDRESS _____ (Street and No. / City / State / Zip)
4. EMPLOYER The Goings Group, LLC
5. EMPLOYER'S ADDRESS _____ (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 Hart Inter Civic

      Address P.O. Box 80649 Austin, TX 78728

      Business or purpose Elections solutions software Company

      ☐ New Representation

      Does this person pay you? _____

      If No, who pays you? _____

      ☒ Terminated Representation as of 7/1/05

Form 8H, Rev. 10/2002

2005 JUL -5 AM 7:24
RECEIVED

SUPPLEMENTAL REGISTRATION FORM

Lobbyist Registration Number

2. Name Consumer HealthCare Products Assn.
Address 900 19th Street, N.W. #700 Washington, DC 20006
Business or purpose Trade Assn.

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 7/1/05

3. Name Home for the Incurables
Address 612 Henry Clay Ave. N.O. 70118
Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 7/1/05

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.

Gina E. Goings
Signature of Lobbyist

Form 501, Rev. 3/4/2002

SUPPLEMENTAL REGISTRATION FORM

[redacted]

2. Name: Murphy Oil

Address: 200 Peach Street El Dorado, AK 71730

Business or purpose: Oil & Gas company

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 7/1/05

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.

Gina E. Goings

Signature of Lobbyist

Form 301, Rev. 10/2002