LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

197

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 03/20/06
LSUPP

1060799

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 McCleary (Last) Judy (First) A (MI)

2. BUSINESS PHONE 225/634-2190

3. BUSINESS ADDRESS 1 Centenary Place (Street and No.) St Francisville (City) LA (State) 70775 (Zip)

MAILING ADDRESS Same (Street and No.) (City) (State) (Zip)

4. EMPLOYER McCleary and Associates Inc.

5. EMPLOYER'S ADDRESS 1 Centenary Place (Street and No.) St Francisville (City) LA (State) 70775 (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 Recreation Vehicle Industry Assoc
   Address PO Box 2999 Reston VA 20195
   Business or purpose Trade Association

   ☒ New Representation
   Does this person pay you? Yes

   If No, who pays you?

   ☐ Terminated Representation as of

Form 504, Rev. 9/01/02

HAND DELIVERED

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2. Name LA Independent Oil and Gas Association

Address PO Box 4069 Baton Rouge LA 70821

Business or purpose Trade Assn

☒ New Representation

Does this person pay you? Yes

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.

Judy McCleary

Signature of Lobbyist

Form 301 Rev. 10/2002