LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number: 96

FOR OFFICE USE ONLY
Postmark Date: 04/17/06
LSUPP
1066056

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 Goings (Last) GINA (First) E. (MI)

2. BUSINESS PHONE 225-326-1244

3. BUSINESS ADDRESS 526 Spanish Town Rd. (Street and No.) Baton Rouge (City) LA (State) 70802 (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 National Popular Vote
   Address P.O. Box K Los Altos, CA 94023
   Business or purpose 501C4 Non-profit corporation
   ☒ New Representation
   Does this person pay you? NO
   If No, who pays you? Fadem and Associates
   ☐ Terminated Representation as of _____

Form 601, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

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Lobbyist's Registration Number

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.

Gina E. Goings
Signature of Lobbyist

Form SM, Rev. 10/2002