LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

36
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 04/27/06
LSUPP
1000872

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 The Domain Companies
Address 31-87 Steinway St., Suite 5 Astoria, NY 11103
Business or purpose real estate investment firm

☒ New Representation
Does this person pay you? yes

If No, who pays you? ____

☐ Terminated Representation as of ____

Form 501 Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number
36

2. Name The Domain Companies of Louisiana
Address 671 Rosa Ave., Suite 217 Metairie, LA 70005
Business or purpose real estate investment firm

☒ 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.

Gina E. Goings
Signature of Lobbyist

Form 801, Rev. 10/2002