LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 06/01/02
LSUPP

1000932

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 Smith (Last) Charles (First) L. (MI)

2. BUSINESS PHONE 504-481-1992

3. BUSINESS ADDRESS 2000½ Olive (Street and No.) Baton Rouge (City) LA (State) 70806 (Zip)

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

4. EMPLOYER Self

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 Humane Society
   Address 2100 L Street Washington DC 20037
   Business or purpose Protect Animals

   ☑ New Representation
   Does this person pay you? Yes

   If No, who pays you? _____

   ☐ Terminated Representation as of _____

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2. Name ASPCA

Address 424 E. 92nd St. NY, NY 10128

Business or purpose Protect Animals

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name Preservation Resource Center

Address 923 Tchupitoulas St. N.O. 70130

Business or purpose Protect the Historic Nature of Louisiana

☐ 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

Form 001, Rev. 10/2002