LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 07/02/02
LSUPP

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 McCotter (Last) Joseph (First) K (MI)

2. BUSINESS PHONE (318) 213-1477

3. BUSINESS ADDRESS 2711 E. Texas Street (Street and No.), Bossier City (City), LA (State) 71111 (Zip)

MAILING ADDRESS P.O. Box 6266 (Street and No.), Bossier City (City), LA (State) 71171 (Zip)

4. EMPLOYER Citizens National Bank

5. EMPLOYER'S ADDRESS P.O. Box 6266 (Street and No.), Bossier City (City), LA (State) 71171 (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 Citizens National Bank
   Address P.O. Box 6266, Bossier City, LA 71171
   Business or purpose Banking

   ☒ New Representation
   Does this person pay you? Yes

   If No, who pays you? ____

   ☐ Terminated Representation as of ____

Form 801, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

2. Name BELL SOUTH

Address 3115 DEE STREET, RM. 100, SHREVEPORT, LA 71105

Business or purpose TELECOMMUNICATIONS

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 06-30-06

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.

Signature of Lobbyist

Form 001, Rev. 10/2002