LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

393
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 06/15/06
LSUPP

1081117

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 9th 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 to 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 Bishop (Last) Cindy (First) G. (MI)

2. BUSINESS PHONE (225) 9231599

3. BUSINESS ADDRESS P.O. Box 80053 (Street and No.), Baton Rouge (City) LA (State) 70898-0053 (Zip)

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

4. EMPLOYER Checkmate Strategies

5. EMPLOYER'S ADDRESS ~~22~~ SAME AS ABOVE (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 La Adult Day Health Services

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 6-1-06

Form 301 (Rev. 06/04)

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name La Gulf Coast Herpetological Society

Address PO Box 113483 Metairie LA 70011

Business or purpose nonprofit membership

☑ New Representation
Does this person pay you? NO

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.

Cindy G. Bishop
Signature of Lobbyist

Form 501, Rev. 10/2002