LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

369
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 8/24/06
Sup. Reg.

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 Sutton (Last) George (First) E (MI)

2. BUSINESS PHONE 225-343-7667

3. BUSINESS ADDRESS 548 Lakeland Dr. (Street and No.) Baton Rouge (City) LA (State) 70802 (Zip)

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

4. EMPLOYER G.E. Sutton & Associates Inc

5. EMPLOYER'S ADDRESS 548 Lakeland Dr. (Street and No.) Baton Rouge (City) LA (State) 70802 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ___ No X

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 Farm Bureau Insurance Co
Address 9516 Airline Hwy, Baton Rouge LA 70815
Business or purpose Insurance

Co. ID # 3350

☒ New Representation
Does this person pay you? Yes

If No, who pays you? ___

☐ Terminated Representation as of ___

Form 301 Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

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.

Signature of Lobbyist

Form 851, Rev. 10/2002