**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

**To be used for changes to registrations and terminations.**

**FOR OFFICE USE ONLY**
Postmark Date: 8/30/06
SUPP 8/06
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## Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 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 Mapes (Last) Sandra (First) C (MI)

2. BUSINESS PHONE 225-383-0619

3. BUSINESS ADDRESS 731 Lakeland Dr. Baton Rouge La. 70802 (Street and No. / City / State / Zip)

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

4. EMPLOYER Sutton Mapes & Yelverton

5. EMPLOYER'S ADDRESS 731 Lakeland Dr. Baton Rouge La. 70802 (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 LSU Foundation
   Address LSU Ag Center P.O. Box 25203 B.R. La. 70894-5203
   Business or purpose promote Agriculture
   ID # 3355
   ☒ New Representation
   Does this person pay you? no
   If No, who pays you? Sutton Mapes & Yelverton

   ☐ Terminated Representation as of _____

Form 554, Rev. 7/2001

HAND DELIVERED

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2. Name G.E. Sutton & Associates

Address 548 Lakeland Dr. Baton Rouge, LA. 70802

Business or purpose promote clients

☑ New Representation

Does this person pay you? NO

If No, who pays you? Sutton Mapes & Yelverton

☐ 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.

Sandra C. Mapes

Signature of Lobbyist

Form 401, Rev. 7/2001