**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

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

**FOR OFFICE USE ONLY**
Postmark Date: 10/10/06
XSUPP

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## 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: Ashy (Last) Alton (First) E. (MI)

2. BUSINESS PHONE: 225-344-1177

3. BUSINESS ADDRESS: 218 Laurel St. (Street and No.) Baton Rouge (City) LA (State) 70801 (Zip)

MAILING ADDRESS: P.O. 66575 (Street and No.) B.R. (City) LA (State) 70806 (Zip)

4. EMPLOYER: Advanced Strategies

5. EMPLOYER'S ADDRESS: 218 Laurel St. (Street and No.) Baton Rouge (City) LA (State) 70801 (Zip)

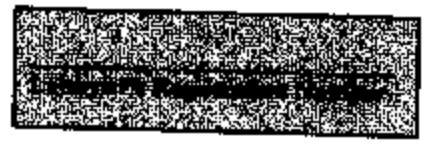
6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No ✓

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: Copart Auto Auction
   Address: 46665 Business Center Dr. Fairfield CA 94534
   Business or purpose: Auto Salvage
   ☑ New Representation
   Does this person pay you? YES
   If No, who pays you?_____
   ☐ Terminated Representation as of _____

Form 501, Rev. 10/2002

**SUPPLEMENTAL REGISTRATION FORM**



2. Name Excel

Address 17747 Airline Hwy, Prairieville, LA. 70769

Business or purpose Construction, Engineering

☑ 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 601, Rev. 10/2002