LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

66
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 10/31/06

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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 Simmons Gerald A.
Last First MI

2. BUSINESS PHONE 225 343-8801

3. BUSINESS ADDRESS 451 Fla. Blvd. Baton Rouge, La., 70821
Street and No. City State Zip

MAILING ADDRESS P.O. Box 1006 Baton Rouge, La., 70821
Street and No City State Zip

4. EMPLOYER Self

5. EMPLOYER'S ADDRESS P.O. Box 1006 Baton Rouge, La., 70821
Street and No. City State Zip

2006 NOV -1 PM 1:

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

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 Legends Gaming LLC - G Dan Marshall - COO and CFO
Address 160 S. La Grange Rd. Frankfort IL 60423
Business or purpose River boat Gaming

☑ New Representation
Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of _____

ID # 3378

Form 801, Rev. 10/2002

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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.

Gerald D. Simmons
Signature of Lobbyist

Form 501, Rev. 10/2002