LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

412
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/22/07
LSUPP
wmi
2007 JAN 22 PM 1:07
RECEIVED

SCANNED
MAY 2 9 2007
By: 1070034

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 Mapes (Last) Sandra (First) A (MI)

2. BUSINESS PHONE 225 383 0618

3. BUSINESS ADDRESS 731 Lakeland Dr (Street and No.) BR (City) LA (State) 70802 (Zip)

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

4. EMPLOYER Sutton, Mapes, Yelverton, Inc.

5. EMPLOYER'S ADDRESS Same (Street and No.) (City) (State) (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 Entergy

Address P.O. Box 2431 BR, LA 70821

Business or purpose corporation

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 12 31 06

HAND DELIVERED

Form 501 Rev 10/2002

SUPPLEMENTAL REGISTRATION FORM

[redacted]

2. Name Segway

Address 386 Commercial St Manchester, NH 03101

Business or purpose

☐ New Representation
Does this person pay you?

If No, who pays you?

☑ Terminated Representation as of 12.31.05

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 Mayes
Signature of Lobbyist

Form 501, Rev. 10/2002