498

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-18-07
LSUPP
Wmi

SCANNED
MAY 29 2007
By: [illegible]

1070067

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 Robin (Last) DAN (First) A. (MI)

2. BUSINESS PHONE 985-893-0906

3. BUSINESS ADDRESS 81125 Hwy 1129 (Street and No.) Covington (City) LA (State) 70435 (Zip)

MAILING ADDRESS 81125 Hwy 1129 (Street and No.) Covington (City) LA (State) 70435 (Zip)

4. EMPLOYER DAR Inc. d/b/a Robin + Associates

5. EMPLOYER'S ADDRESS 81125 Hwy 1129 (Street and No.) Covington (City) LA (State) 70435 (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 Louisiana State Troopers Association

Address 8120 Jefferson Hwy. Baton Rouge, LA 70809

Business or purpose Representation for La State Troopers Assoc. Pay Review (Legislation for appropriation Bill)

☑ New Representation
Does this person pay you? yes

If No, who pays you? ____

☐ Terminated Representation as of ____

Form 501, Rev. 10/2002

[redacted]

SUPPLEMENTAL REGISTRATION FORM

2. Name Louisiana Association of Educators
Address PO Box 479 Baton Rouge, LA 70821-0479
Business or purpose representation Appropriation Bill for La. Assoc. of Educators

☑ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name Louisiana Hospital Association
Address 9521 Brookline Avenue Baton Rouge LA 70809
Business or purpose Health & Welfare Representation

☑ New Representation
Does this person pay you? Yes

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.

Jan A. Robins
Signature of Lobbyist

Form 501, Rev. 10/2002