498

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

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

Lobbyist Registration Number

FOR OFFICE USE ONLY
Postmark Date: 3-20-07
LSUPP
WMI

SCANNED
MAY 2 9 2007
By: 
1070068

## 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 Nursing Home Association
Address 7844 Office Park Blvd. Baton Rouge, LA. 70809
Business or purpose (Nursing Home Legislation) for upcoming Session 2007
☒ New Representation
Does this person pay you? Yes
If No, who pays you? ____

☐ Terminated Representation as of ____

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RECEIVED
ETHICS ADMINISTRATION
CAMPAIGN FINANCE

Form 501, Rev. 10/2002

# SUPPLEMENTAL REGISTRATION FORM

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.

Signature of Lobbyist