

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

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 firm, 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.

FOR OFFICE USE ONLYPostmark Date: 5-8-07

SUFP

**1070230
SCANNED**

JUL 09 2007

By: CS6/2/07 10001. NAME Robin DAN A.
Last First MI2. BUSINESS PHONE 985-893-09063. BUSINESS ADDRESS 81125 Hwy 1129 Covington LA 70435
Street and No. City State ZipMAILING ADDRESS 81125 Hwy 1129 Covington LA 70435
Street and No. City State Zip4. EMPLOYER DAR Inc. d/b/a Robin + Associates5. EMPLOYER'S ADDRESS 81125 Hwy 1129 Covington LA
Street and No. City State Zip6. 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 Optometry Association of Louisiana
Address 115 North 13th Street Oakdale LA 71463Business or purpose Optometry (#A682) New RepresentationDoes this person pay you? yes

If No, who pays you? _____

 Terminated Representation as of _____

2007 MAY -9 PM 1:09

LOBBYING REGISTRATION
DATE RECEIVED

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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.

Dan A. Kolin
Signature of Lobbyist