**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

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

Lobbyist's Registration Number

**FOR OFFICE USE ONLY**
Postmark Date: 6/28/07
Suppl
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1070329

## 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 Pernell (Last) Robert (First) _____ (MI)

2. BUSINESS PHONE (504) 891-4435

3. BUSINESS ADDRESS 400 Soniat St. (Street and No.) LA (City) 70115 (State) (Zip)

MAILING ADDRESS Same As Above (Street and No.) (City) (State) (Zip)

4. EMPLOYER Laborers Loc 689

5. EMPLOYER'S ADDRESS 400 Soniat St. (Street and No.) N.O. (City) LA (State) 70115 (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 Construction and General Laborers Local 689
   Address 400 Soniat St. New Orleans LA 70115
   Business or purpose Labor Organization

   ☑ New Representation
   Does this person pay you? Yes

   If No, who pays you? _____

   ☐ Terminated Representation as of _____

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Form 501, Rev. 10/2002

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Lobbyist's Registration Number

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

Form 5th, Rev. [illegible]