LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 6/29/07
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SCANNED
JUL 2 6 2007
By 1070:50

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 Lucia (Last) Michael (First) J. (MI)

2. BUSINESS PHONE 225-769-3191

3. BUSINESS ADDRESS 7912 Summa Ave. (Street and No.) B.R. (City) LA (State) 70809 (Zip)

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

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4. EMPLOYER LA School Boards Assn.

5. EMPLOYER'S ADDRESS Same (Street and No.) (City) (State) (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 LA School Boards Assn.
   Address 7912 Summa Ave. B.R. LA 70809
   Business or purpose Public Education

   ☐ New Representation
   Does this person pay you? ____

   If No, who pays you? ____

   ☑ Terminated Representation as of June 29, 2007

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

2. Name LA Assn. of School Superintendents

Address Same

Business or purpose Public Education

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of June 29, 2007

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.

Michael J. Lewis

Signature of Lobbyist

Form 501, Rev. 10/2002