LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY
Postmark Date: 8-9-07
Supp - L
SCANNED
AUG 13 2007
By: G
1070667

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 Skinner (Last) Michael (First) D. (MI)

2. BUSINESS PHONE 337-354-3030

3. BUSINESS ADDRESS 600 Jefferson St., Suite 508, Lafayette, LA 70501 (Street and No. / City / State / Zip)

   MAILING ADDRESS P.O. Box 53146 Lafayette LA 70505 (Street and No. / City / State / Zip)

4. EMPLOYER Mike Skinner & Associates, L.L.C.

5. EMPLOYER'S ADDRESS same as above (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 Mike Skinner & Associates, L.L.C.

      Address 600 Jefferson St., Suite 508 / P.O. Box 53146, Lafayette, LA 70505

      Business or purpose Attorneys at Law

      ☒ New Representation
      Does this person pay you? YES

      If No, who pays you? _____

      ☐ Terminated Representation as of _____

2007 AUG 10 PM 1:58
RECEIVED

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

125
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.

Michael D. Shinna
Signature of Lobbyist

Form 501, Rev. 10/2002