LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

393

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 11-17-07
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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 Bishop (Last) Cindy (First) G. (MI)

2. BUSINESS PHONE 225 923 1599

3. BUSINESS ADDRESS PO Box 80053 (Street and No.) Baton Rouge (City) LA (State) 70898 (Zip)

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

4. EMPLOYER Self-Employed

5. EMPLOYER'S ADDRESS _____ (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 Louisiana Dietetic Association

Address 8550 United Plaza Blvd. #1001 BR 70809

Business or purpose voluntary nonprofit association that promotes sound nutrition and exercise.

☑ New Representation

Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

Form 501, Rev. 10/2002

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2. Name Children's Progress

Address 411 E. 11th Street #1100 NY NY 10003

Business or purpose for-profit business that promotes Educational assessment tool for Pre K-3 grades.

☐ New Representation
Does this person pay you? yes

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.

Cindy Bishop
Signature of Lobbyist

Form 581, Rev. 10/2002