LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number: 242

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.

FOR OFFICE USE ONLY
Postmark Date: 1/8/08
Sup-Term
ackv
1071137

1. NAME Webb (Last) Garland (First) W. (MI)

2. BUSINESS PHONE N/A

3. BUSINESS ADDRESS N/A (Street and No.) (City) (State) (Zip)

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

4. EMPLOYER Retired from LA Public Emps. Council 17

5. EMPLOYER'S ADDRESS 429 Government St. (Street and No.) Baton Rouge (City), LA (State) 70802 (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 Garland W. Webb
   Address 13235 Virgil Jackson, Baton Rouge, LA 70816
   Business or purpose
   ☐ New Representation
   Does this person pay you?
   If No, who pays you?
   ☒ Terminated Representation as of 11-30-07
   (Letter was Hand-carried to Board of Ethics in November, 2007 to inform of His Retirement)

Form 501, rev. 10/2007

SUPPLEMENTAL REGISTRATION FORM

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 5/4, Rev. 10/2002