2009

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 2-1-08
Supp
ack✓
1071351
(2/08) filed

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 Robin (Last) DAN (First) R. (MI)

2. BUSINESS PHONE 985-893-0906

3. BUSINESS ADDRESS 81125 Hwy 1129 Covington LA 70435 (Street and No. / City / State / Zip)

MAILING ADDRESS 81125 Hwy 1129 Covington LA 70435 (Street and No. / City / State / Zip)

4. EMPLOYER DAR INC. d/b/a Robin & Associates

5. EMPLOYER'S ADDRESS 81125 Hwy 1129 Covington LA 70435 (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 3cp Associates, LLC.

Address 100 Conti Street New Orleans La. 70130

Business or purpose Gold-Zone Funds, RE: Bond Commission Work for 2008

☑ New Representation

Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

2. Name La. Association of Educators
   Address P.O. Box 479 Baton Rouge, La. 70821-0479
   Business or purpose Teacher's Organization RE: appropriation Bill upcoming Legislation Session 2008

   ☑ 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.

Dan A. Rabin
Signature of Lobbyist

Form 301 Rev. 10/2002