LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

212
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4/22/08
Supp-08

1072264

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 Smith (Last) Charlie (First) L. (MI)

2. BUSINESS PHONE 504-481-1492

3. BUSINESS ADDRESS 4013 Hyacinth Ave (Street and No.) Baton Rouge (City) LA (State) 70808 (Zip)

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

4. EMPLOYER Self

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 Plaquemines Parish Government
   Address 8056 Hwy 23 Suite 200
   Business or purpose Belle Chasse LA 70032
   Protect + promote the Parish
   ☑ New Representation
   Does this person pay you? Yes
   If No, who pays you?_____

   ☐ Terminated Representation as of_____

Form 501 Rev. 10/2002

HAND DELIVERED

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2. Name Louisiana Museum Foundation

Address 632 Dumaine St, New Orleans LA 70116

Business or purpose Promote the development of the museum,

☑ 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 651, Rev. 1/2002