LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1239
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 6-23-08
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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 for those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employers or representations.

1. NAME Larkins, Amanda P.
   Last First MI

2. BUSINESS PHONE 225 - 346-4466

3. BUSINESS ADDRESS P.O. Box 64581 Baton Rouge, LA 70896
   Street and No. City State Zip

   MAILING ADDRESS - Same -
   Street and No. City State Zip

4. EMPLOYER APL Consulting, LLC

5. EMPLOYER'S ADDRESS P.O. Box 64581 Baton Rouge, LA 70896
   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 Art and Science Museum
   Address 110 South River Road, Baton Rouge, LA 70802
   Business or purpose Museum and Planetarium

   ☐ New Representation
   Does this client pay you? _____

   If No, who pays you? _____

   ☒ Terminated Representation as of 6/23/08

Form Rev. Nov. 2007

HAND DELIVERED

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_____
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 501 Rev. 10/00