LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

157
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 6/16/08
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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 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.

NAME: ADAM GINGER E
First MI

BUSINESS PHONE: (225) 767-5151

BUSINESS ADDRESS: 10652 Molly Avenue Baton Rouge LA 70810
Street and No. City State Zip

MAILING ADDRESS: Same
Street and No. City State Zip

EMPLOYER: Self

EMPLOYER'S ADDRESS: Same
Street and No. City State Zip

Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No ✓

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: Government Consultants of Louisiana, Inc.
Address: 700 N. 10th Street, Annex Building, Baton Rouge, LA 70802
Business or purpose: financial advising firm

☐ New Representation
Does this client pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of June 15, 2008

HAND DELIVERED

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2. Name District Manager, Inc.

Address P.O Box 2907 Baton Rouge, LA 70821

Business or purpose financial advising & consulting firm

☑ 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.

Ginger Adam
Signature of Lobbyist

Form 20 (rev. 11-88)