LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

424
Lobbyist Registration Number

FOR OFFICE USE ONLY
Postmark Date: 7/7/08

Supp

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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.

1. NAME Stahr (Last) Ayn (First) W. (MI)

2. BUSINESS PHONE (225) 336-3040

3. BUSINESS ADDRESS 715 St. Ferdinand Street, Baton Rouge, LA 70802
Street and No. City State Zip

MAILING ADDRESS 715 St. Ferdinand Street, Baton Rouge, LA 70802
Street and No City State Zip

4. EMPLOYER Self

5. EMPLOYER'S ADDRESS 715 St. Ferdinand Street, Baton Rouge, LA 70802
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ___ No X

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.

I. Name Louisiana Coalition Against Domestic Violence

Address P.O. Box 77308, Baton Rouge, LA 70879-7308

Business or purpose Advocacy for victims of domestic violence and programs offering services to such victims.

☐ New Representation

Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

Form 801, Rev. 10/2003

SUPPLEMENTAL REGISTRATION FORM

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. 10/2002