LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1595
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 8-5-08
Term. L
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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 Sovey (Last) Mara (First) L (MI)

2. BUSINESS PHONE (515) 267-4432

3. BUSINESS ADDRESS 6400 NW 86th St (Street and No.) Johnston (City) IA (State) 50131 (Zip)

MAILING ADDRESS Same as above (Street and No.) (City) (State) (Zip)

4. EMPLOYER John Deere (aka Deere & Company)

5. EMPLOYER'S ADDRESS 6400 NW 86th St (Street and No.) Johnston (City) IA (State) 50131 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X 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 Mara Sovey

Address 6400 NW 86th St Johnston, IA 50131

Business or purpose ____

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☒ Terminated Representation as of August 4, 2008

Form 501 Rev 10/2002

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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