LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1536
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 9-8-08
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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.

1. NAME Turner (Last) Jason (First) L (MI)

2. BUSINESS PHONE (225) 485-6548

3. BUSINESS ADDRESS P.O. Box 83051 (Street and No.) Baton Rouge (City) LA (State) 70884 (Zip)

MAILING ADDRESS 31730 Greenwell Spr. Rd (Street and No.) Greenwell Springs (City) LA (State) 70739 (Zip)

4. EMPLOYER St. George Professional Firefighters

5. EMPLOYER'S ADDRESS P.O. Box 83051 (Street and No.) Baton Rouge (City) LA (State) 70884 (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 St. George Professional Fire Fighters
   Address P.O. Box 83051 Baton Rouge LA 70884
   Business or purpose_____

   ☐ New Representation
   Does this person pay you?_____

   If No, who pays you?_____

   ☒ Terminated Representation as of July 1, 2008

Form 501, Rev. 10/2002

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

_____
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. 10/2002