LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/29/97

LSUPP

1980703

VA 1443
$10.00
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Instructions

- Print in ink or type.
- Complete form, have it notarized and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- 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 DeKarska (Last) Donald (First) W (MI)

2. BUSINESS PHONE 318-239-0431

3. BUSINESS ADDRESS 365 Thaxton Landing Rd (Street and No.) Anacoco (City) LA (State) 71403 (Zip)

4. EMPLOYER None

5. EMPLOYER'S ADDRESS N/A (Street and No.) (City) (State) (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X As of Dec 31 '97 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 Non Commissioned Officers Association of the United States

Address 225 No. Washington ST. Alexandria, VA 22314

Business or purpose A patriotic, fraternal & benevolent association serving active, Nat'l Gd, reserve, veterans & Retirees of the US Armed Forces.

☐ New Representation
Does this person pay you? N/A

If No, who pays you? N/A

☒ Terminated Representation as of Dec 31 '97

(am quitting all my volunteer jobs.

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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 _____ N/A

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of _____

State of Louisiana

Parish of Vernon

Before me, the undersigned authority, personally came and appeared Donald W DeKarske, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Donald W DeKarske
Signature of Lobbyist

Sworn to and subscribed before me on this 29th day of December, 19 97.

Notary Public

Rev. 8/97