

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

**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; (225) 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.

**FOR OFFICE USE ONLY**

Postmark Date: 10-19-98

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1. NAME HARTIG, BRIAN J.P.  
Last First MI
2. BUSINESS PHONE 504-488-3295
3. BUSINESS ADDRESS PO BOX 70344, New Orleans, LA 70172-0344  
Street and No. City State Zip
4. EMPLOYER LEGAL
5. EMPLOYER'S ADDRESS PO BOX 70344, New Orleans, LA 70172-0344  
Street and No. City State 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 \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

 New Representation  
 Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

 Terminated Representation as of \_\_\_\_\_

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 \_\_\_\_\_

Country \_\_\_\_\_  
State of Bulgaria (България)  
City \_\_\_\_\_  
Parish of Troyan (Троян)

Before me, the undersigned authority, personally came and appeared БРАНДИ А. П. ХАРТИГ  
BRIAN J.P. HARTIG, who,  
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

\_\_\_\_\_  
Signature of Lobbyist

Sworn to and subscribed before me on this 5<sup>th</sup> day of October, 1998.

(see attached copy)  
(along on rear)  
\_\_\_\_\_  
Notary Public