LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1034
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 8/22/98
LSUPP
1981736
98 AUG 25 AM 10:57
Used 8/22/98 as term. date

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.

EDWARD N. GLADISH
6820 N. ST. ANDREWS DR.
TUCSON AZ 85718

1. NAME _____ Last _____ First _____ MI

2. BUSINESS PHONE _____

3. BUSINESS ADDRESS _____ Street and No. _____ City _____ State _____ Zip

4. EMPLOYER _____

5. EMPLOYER'S ADDRESS _____ 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 Lowry Per discussion p/c change records to
Address Canal lobby registration effective 6/1/98.
Business or purpose I no longer lobby in Louisiana.

☐ New Representation
Does this person pay you? _____
If No, who pays you? _____

Thanks
Edward Gladish

☐ Terminated Representation as of Union Pacific Resources
PO Box 7
Ft Worth, TX 76101-0007

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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 _____

State of _____

Parish of _____

Before me, the undersigned authority, personally came and appeared _____, 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 22 day of August, 1998.

Notary Public

OFFICIAL SEAL
KERI WILEY
Notary Public - State of Arizona
PIMA COUNTY
My Comm. Expires Feb 14, 2001

Rev. 8/97