LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1999

433

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: 1/27/99
L Supp

1990342

1#-1420
rect#436760
$10.00
KSD

1. NAME MANES (Last) Michael (First) G (MI)
2. BUSINESS PHONE 504-927-1544
3. BUSINESS ADDRESS 4637 Jamestown Ave #E (Street and No.) Baton Rouge (City) LA (State) 70815 (Zip)
4. EMPLOYER Square One Consulting
5. EMPLOYER'S ADDRESS 4637 Jamestown Ave #E (Street and No.) Baton Rouge (City) LA (State) 70815 (Zip)
6. Have you ceased or terminated all lobbying activities requiring registration? Yes ✓ No ____ (As of 1/1/99)
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 LA Managed Healthcare Association

   Address 4637 Jamestown Ave #E Baton Rouge LA 70815

   Business or purpose TRADE ASSOC. for PPOs/HMOs/TPAs/ETC.

   ☐ New Representation
   Does this person pay you? ____

   If No, who pays you? ____

   ☑ Terminated Representation as of 1/1/99

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 _____

State of LOUISIANA

Parish of EAST BATON ROUGE

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

(M. G. MANES)
Signature of Lobbyist

Sworn to and subscribed before me on this 25 day of January, 1999.

J Devitt
Notary Public

Rev. 8/97

STATE OF LOUISIANA
DEPARTMENT OF STATE CIVIL SERVICE
LOUISIANA BOARD OF ETHICS
8401 UNITED PLAZA BOULEVARD
SUITE 250
BATON ROUGE, LA 70809-7017
(225) 922-1400
FAX: (225) 922-1414

February 2, 1999

Michael G. Manes
4637 Jamestown Avenue
Suite E.
Baton Rouge, La 70815

Dear Lobbyist:

The Louisiana Board of Ethics has received and accepted for filing your supplemental form(s) and payment in connection with your termination as a lobbyist.

I have enclosed a receipt for your records.

Sincerely,

LOUISIANA BOARD OF ETEICS

Kathy Dedon Jr

Kathy Dedon

Enclosure

1420

LOUISIANA MANAGED HEALTHCARE ASSOCIATION
PH. 640-927-1030
4837 JAMESTOWN AVE., SUITE E.
BATON ROUGE, LA 70808

DATE 1-25-99

84-117/654

PAY TO THE ORDER OF Board of Ethics $ 10.00

Ten & 00/100 DOLLARS

CNB CITY NATIONAL BANK OF BATON ROUGE
Baton Rouge, Louisiana

FOR Lobbying - Mike Maxes

⑈001420⑈ ⑆065400111⑆ 0005 62017⑈

LOUISIANA BOARD OF ETHICS
SUITE 200
8401 UNITED PLAZA BLVD.
BATON ROUGE, LA 70809

Receipt

Date 1/28/99

No. 436760

$10.00

RECEIVED FROM La. Managed Healthcare

Ten and 00 DOLLARS

FOR RENT
FOR 1999 lobbying registration

FROM

TO 433

ACCOUNT	
PAYMENT	10
BALANCE DUE	

cash
check
money order

1420

BY [signature]

TD1182