

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

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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.
- Complete employer verification form(s) must be submitted for each additional representation.

**FOR OFFICE USE ONLY**Postmark Date: 3/2/99L. Supp  
**1990734**# 786.  
\$ 1000  
KSD

1. NAME BARBS ALLEN R.  
Last First MI
2. BUSINESS PHONE (318) 234-5025
3. BUSINESS ADDRESS Post Office Box 80655, Lafayette, La. 70598  
Street and No. City State Zip
4. EMPLOYER Allen R. Bares, PLC
5. EMPLOYER'S ADDRESS Post Office Box 80655, Lafayette, La. 70598  
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. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THE NAMES ADDED BELOW.

1. Name Evangelino Downs, Inc.  
Address P.O. Box 90270, Lafayette, La. 70509  
Business or purpose horseracing
- New Representation  
Does this person pay you? yes
- If No, who pays you? \_\_\_\_\_
- Terminated Representation as of \_\_\_\_\_

SUPPLEMENTAL REGISTRATION FORM



2. Name Haynie & Associates

Address 1465 Ted Latham Ave. Balm, Rouge, La. 70804

Business or purpose lobbying

New Representation  
Does this person pay you? yes

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 Lafayette

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

*Allen R. Bares*  
Signature of Lobbyist

Sworn to and subscribed before me on this 2nd day of March, 19 99.

*Ruby L. Sommer*  
Notary Public  
Ruby L. Sommer