LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

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: 9.1.99
L Supp
Vt# 1013
$10.00
KSD

1991544

1. NAME ADAM (Last) GINGER (First) E (MI)
2. BUSINESS PHONE 225.802.5103 or 767.5151
3. BUSINESS ADDRESS 10 BRENT COURT (Street and No.) BATON ROUGE (City) LA (State) 70808 (Zip)
4. EMPLOYER SELF
5. EMPLOYER'S ADDRESS SAME (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 UNITED STATES MARITIME ALLIANCE, LTD
   Address 2 WORLD TRADE CENTER - 20th FLOOR NEW YORK, NY 10048-0075
   Business or purpose NONPROFIT ORGANIZATION REPRESENTING BUSINESSES IN MARITIME INDUSTRY
   ☐ New Representation
   Does this person pay you?____
   If No, who pays you?____
   ☒ Terminated Representation as of 8.31.99

SUPPLEMENTAL REGISTRATION FORM

2. Name ASSOCIATION OF LEVEE BOARDS

Address P.O. BOX 94245 ROOM 211, BATON ROUGE, LA 70804-9245

Business or purpose NONPROFIT ORGANIZATION REPRESENTING POLITICAL SUBDIVISIONS / SPECIAL DISTRICTS

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 8.31.99

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.

Ginger E Adam
Signature of Lobbyist

Sworn to and subscribed before me on this 31ST day of August, 1999.

Notary Public

Rev. 8/97