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
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1. NAME Tompkins (Last) Kristy (First) (MI)
2. BUSINESS PHONE 703-267-1000
3. BUSINESS ADDRESS c/o Office of General Counsel 11250 Waples Mill Rd. Fairfax Va. 22030 (Street and No. / City / State / Zip)
4. EMPLOYER National Rifle Association - ILA
5. EMPLOYER'S ADDRESS c/o Office of General Counsel 11250 Waples Mill Rd. Fairfax, Va 22030 (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 National Rifle Association - ILA
   Address c/o Office of General Counsel 11250 Waples Mill Rd. Fairfax, Va 2203
   Business or purpose Member Association

   ☐ New Representation
   Does this person pay you? ____

   If No, who pays you? ____

   ☑ Terminated Representation as of 6/10/99

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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 _____ day of _____, 19____.

_____
Notary Public

Rev. 8/97