EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

44
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 04/27/05
ESUPP
3050038

2005 MAY -2 PM 1:27
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

Instructions

1. Print in ink or type.
2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-4630. No fee is required.
3. This form must be submitted **within 5 days** of any changes in your registration form or to add employers or those you represent. It must be submitted **within 10 days** of any termination of employment or representations.

1. NAME Karlinsky, Fred E. (Last, First, MI)

NAME CHANGE _____ (Last, First, MI)

2. BUSINESS PHONE (954) 492-4010 (Area Code) Phone Number

3. FAX PHONE (954) 492-1144

4. BUSINESS ADDRESS 2000 West Commercial Blvd, Suite 232, Ft. Lauderdale, Fl. 33309 (Street and No., City, State, Zip)

MAILING ADDRESS 2000 West Commercial Blvd, Suite 232, Ft. Lauderdale, Fl. 33309 (Street and No., City, State, Zip)

5. EMPLOYER Colodny, Fass, Talenfeld, Karlinsky & Abate, P.A.

6. EMPLOYER'S ADDRESS 2000 West Commercial Blvd, Suite 232, Ft. Lauderdale, Fl 33309 (Street and No., City, State, Zip)

7. Have you ceased or terminated all lobbying activities requiring registration? Yes_____ No _____

8. **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 Ranchers & Farmers Mutual Insurance Company

Address 3415 Laurel Avenue, Beaumont, TX 77707-2245

Business or purpose Insurance

☒ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No.

2) Name Recovery National Corporation

Address 120 White Plains Rd., Suite 220, Tarrytown, NY 10591

Business or purpose Insurance

[X] 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

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Lobbyist