EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No. 2

FOR OFFICE USE ONLY
Postmark Date: 04/28/06
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Instructions

- Print in ink or type.
- 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) 842-6630. No fee is required.
- 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: Braxton (Last) Rodney (First) C. (MI)

NAME CHANGE ____ (Last) ____ (First) ____ (MI)

2. BUSINESS PHONE 225-381-0166 (Area Code) Phone Number

3. FAX PHONE 225-381-0163

4. BUSINESS ADDRESS 637 St. Ferdinand (Street and No.) Baton Rouge (City) LA (State) 70802 (Zip)

MAILING ADDRESS same (Street and No.) ____ (City) ____ (State) ____ (Zip)

5. EMPLOYER Southern Strategy Group

6. EMPLOYER'S ADDRESS same (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 Macro Oil

Address 101 Millstone Rd, Broussard LA 70518

Business or purpose distribution of oil / fuel / lubricants

☑ New Representation
Does this person pay you? yes

If No, who pays you? ____

☐ Terminated Representation as of ____

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Electronic Lobbyist Registration No.

2) Name United fuels and Lubricants

Address 101 Millstone Rd, Broussard, LA ~~70582~~ 70518

Business or purpose distribution of oil / fuel / lubricants

☑ 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