(E)

EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

107
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1-19-07
ESUPP
WMI

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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 Goings (Last) Gina (First) E. (MI)

NAME CHANGE _____ (Last) _____ (First) _____ (MI)

2. BUSINESS PHONE 225-326-1244 (Area Code) Phone Number

3. FAX PHONE 225-326-1245

4. BUSINESS ADDRESS 825 Louisiana Ave. (Street and No.) Baton Rouge (City) LA (State) 70802 (Zip)

MAILING ADDRESS _____ (Street and No.) _____ (City) _____ (State) _____ (Zip)

5. EMPLOYER The Goings Group, LLC

6. EMPLOYER'S ADDRESS 825 Louisiana Ave. (Street and No.) Baton Rouge (City) LA (State) 70802 (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 CMC and Associates
Address 763 North Street Baton Rouge, LA 70802
Business or purpose Governmental Relations Firm

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 1-17-2007

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2) Name Abbott Laboratories
Address 100 Abbott Park Rd. Abbott Park, IL 60064
Business or purpose Pharmaceutical Company

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☒ Terminated Representation as of 1-17-[redacted] 2007

3) Name National Kidney Foundation of LA
Address 8200 Hampson St. #425, New Orleans, LA 70118
Business or purpose Non-Profit

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☒ Terminated Representation as of 1-17-[redacted] 2007

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

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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 National Popular Vote

Address P.O. Box K Los Altos, CA 94023

Business or purpose 501C4

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☒ Terminated Representation as of 1-17-2007

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Gina E. Gongs
Signature of Lobbyist