EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

400
Executive Lobbyist Registration No.

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.

FOR OFFICE USE ONLY
Postmark Date: 2/21/08
Supp-08
3071363

1. NAME Privette Sr. Warren R.
Last First MI

NAME CHANGE _____
Last First MI

2. BUSINESS PHONE 318-451-3653
(Area Code) Phone Number

3. FAX PHONE 225-637-3022

4. BUSINESS ADDRESS 8134 Hwy 77 Ferdache LA 70732
Street and No. City State Zip

MAILING ADDRESS P.O. Box 184 Ferdache LA 70732
Street and No. City State Zip

5. EMPLOYER Roy O. Martin Lumber Co

6. EMPLOYER'S ADDRESS 2189 Memorial Dr. Alexandria LA 71309.
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No X

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 Allen Parish Police Jury
Address 662 Court St. Oberlin, La 70655
Business or purpose Parish Government

☒ New Representation
Does this person pay you? No (Pro-bono)
If No, who pays you? Roy O. Martin Lumber Co

☐ Terminated Representation as of _____

2/21/08

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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 _____

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.

Warren R Privette Sr.
Signature of Lobbyist

2/21/08