EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

107
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 3/18/08
Supp. E
3071367

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 ″ (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 The Committee for Disaster Medicine Reform
Address 748 Camp St. New Orleans, LA 70130
Business or purpose Legislative Reform

☒ New Representation
Does this person pay you? yes
If No, who pays you? _____

☐ Terminated Representation as of _____

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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.

Gene E Goings
Signature of Lobbyist