EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

303
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 4/15/08

Supp-08

3071442

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 Koch (Last) John (First) D. (MI)

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

2. BUSINESS PHONE (225) 929-7033 (Area Code) Phone Number

3. FAX PHONE (225) 928-4915

4. BUSINESS ADDRESS 8440 Jefferson Hwy, Ste. 301 (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

MAILING ADDRESS "same as above" (Street and No.) _____ (City) _____ (State) _____ (Zip)

5. EMPLOYER Kadel, Parsons, Koch, Blache, Balhoff & McCollister

6. EMPLOYER'S ADDRESS "same as above" (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 Vanguard Vacuum Trucks, Inc.
Address 725 Highway 182 - Houma, LA 70364
Business or purpose Business/Transportation

☑ New Representation
Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

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2) Name Apexaxas Education Group

Address 780 South main - Mapleton, UT 84664

Business or purpose Education

☑ New Representation
Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

3) Name Louisiana Tech University Foundation

Address P.O. Box 3183 - Ruston, LA 71272

Business or purpose Education

☑ New Representation
Does this person pay you? yes

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