EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

580
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 6-16-08
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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 ADAM (Last) GINGER (First) E (MI)

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

2. BUSINESS PHONE 225-767-5151 (Area Code) Phone Number

3. FAX PHONE 225-767-6162

4. BUSINESS ADDRESS 10652 Molly Avenue (Street and No.) Baton Rouge (City) LA (State) 70810 (Zip)

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

5. EMPLOYER Self

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 Goverment Consultants of Louisiana, Inc.
Address 700 N. 10th Street, Annex Building, Baton Rouge, LA 70802
Business or purpose financial advising firm

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of June 15, 2008

HAND DELIVERED

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2) Name District Manager, Inc.

Address P.O. Box 2907 Baton Rouge, LA 70821

Business or purpose financial advising & consulting firm

☑ 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.

Ingrid Adam
Signature of Lobbyist