EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

580
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 8-28-08
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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-Ginger E. Adam, L.L.C.

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 ST. TAMMANY WEST CHAMBER OF COMMERCE
Address 610 HOLLYCREST BLVD., COVINGTON, LA 70433
Business or purpose nonprofit business organization

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of August 28, 2008

HAND DELIVERED

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2) Name NORTHSHORE BUSINESS COUNCIL
Address P.O. BOX 781, MANDEVILLE, LA 70470
Business or purpose nonprofit business organization

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of August 28, 2008

3) Name EAST ST. TAMMANY CHAMBER OF COMMERCE
Address 118 WEST HALL AVENUE, SLIDELL, LA 70460
Business or purpose nonprofit business organization

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of August 28, 2008

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