**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

**To be used for changes to registrations and terminations.**

29

**Lobbyist's Registration Number**

**FOR OFFICE USE ONLY**
Postmark Date: 1-26-00

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## Instructions

- Print in ink or type.
- Complete form and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Drew (Last) Edith (First) D. (MI)

2. BUSINESS PHONE (504) 527-6938

3. BUSINESSADDRESS 601 Poydras Street, Suite 1700 (Street and No.) New Orleans, La., 70130 (City, State, Zip)

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

4. EMPLOYER The New Orleans Regional Chamber of Commerce

5. EMPLOYER'S ADDRESS Same (Street and No.) (City, State, Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes XXX No

7. 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 New Orleans Regional Chamber of Commerce

      Address 601 Poydras Street, Suite 1700

      Business or purpose Business Organization

      ☐ New Representation
      Does this person pay you? _____

      If No, who pays you? _____

      ☒ Terminated Representation as of February 4, 2000

Form 601, Rev. 6/99

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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 the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 501 Rev. 6/99