LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

624

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 3-20-00
LSupp
16119
$10.00
KSD

1000904

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 Satz (Last) David (First) J. (MI)

2. BUSINESS PHONE (973) 622-3333

3. BUSINESSADDRESS One Gateway Center, Newark, New Jersey 07102-5311 (Street and No. / City / State / Zip)

   MAILING ADDRESS One Gateway Center, Newark, New Jersey 07102-5311 (Street and No. / City / State / Zip)

4. EMPLOYER Saiber Schlesinger Satz & Goldstein, LLC

5. EMPLOYER'S ADDRESS One Gateway Center, Newark, New Jersey 07102-5311 (Street and No. / City / State / Zip)

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

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 Jazz Casino Company LLC

      Address 512 South Peters Street, New Orleans, Louisiana 70130

      Business or purpose Land-Based Casino

      [X] New Representation

      Does this person pay you? Monies are invoiced monthly by my law firm, Saiber Schlesinger Satz & Goldstein, LLC for services rendered which may include charges for lobbying charges - my compensation is received from Saiber Schlesinger Satz & Goldstein, LLC

      If No, who pays you?

      [ ] Terminated Representation as of ____

Form 501, 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. 5/99