LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

2013
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date:

1001004

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 Fusilier (Last) Julie (First) A. (MI)

2. BUSINESS PHONE 225-383-8038

3. BUSINESS ADDRESS 835 Louisiana Ave. (Street and No.), Baton Rouge (City), LA (State) 70802 (Zip)

MAILING ADDRESS _____ Street and No. _____ City _____ State _____ Zip

4. EMPLOYER National Association of Bail Insurance Companies

5. EMPLOYER'S ADDRESS 1725 De Sales Street, NW, Ste. 800, Washington, DC 20036 (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 National Association of Bail Insurance Companies
   Address 1725 De Sales Street, NW, Ste. 800, Washington, DC 20036
   Business or purpose Insurance

   ☒ New Representation
   Does this person pay you? No
   If No, who pays you? The Talman Group, P.O. Box 82531, Baton Rouge, LA 70884

   ☐ Terminated Representation as of ____

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2973
Lobbyist's Registration Number

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