LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number 1188

FOR OFFICE USE ONLY
Postmark Date: 7-7-00

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V# 53551
$10.00
KSD

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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 HARKINS (Last) Deborah (First) D. (MI)

2. BUSINESS PHONE 225-382-3648

3. BUSINESS ADDRESS 9th FLOOR, ONE AMERICAN PLACE (Street and No.) BATON ROUGE (City) LA (State) 70825 (Zip)

MAILING ADDRESS SAME (Street and No.) (City) (State) (Zip)

4. EMPLOYER McGlinchey STAFFORD

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

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ 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 Vieux Carre Property owners, Residents and Associates, Inc.

Address P.O. BOX 70494 Vieux Carre Station, New Orleans, LA 70172

Business or purpose

☑ New Representation
Does this person pay you?

If No, who pays you?

☐ Terminated Representation as of

SUPPLEMENTAL REGISTRATION FORM

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