#281

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

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

Lobbyist's Registration Number

**FOR OFFICE USE ONLY**
Postmark Date: 8-1-00

1001243

## 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 Cagnolatti (Last) David (First) A. (MI)

2. BUSINESS PHONE (335) 344-3201

3. BUSINESS ADDRESS One American Place, Suite 1820 Baton Rouge LA 70825 (Street and No. / City / State / Zip)

MAILING ADDRESS Same as above. (Street and No. / City / State / Zip)

4. EMPLOYER Conaco Inc

5. EMPLOYER'S ADDRESS One American Place, Suite 1820 Baton Rouge LA 70825 (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 Conaco Inc.

Address One American Place, Suite 1820 Baton Rouge 70825

Business or purpose Industry

☑ New Representation

Does this person pay you? Yes

If No, who pays you? ____

☐ Terminated Representation as of ____

Form 601, Rev. 6/00

## SUPPLEMENTAL REGISTRATION FORM

[redacted]

2. Name Harris, DeVille & Associates, Inc.

Address 307 France Street, Baton Rouge 70802

Business or purpose Public Relations, Issues Management & Lobbyist

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 7-5-00

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 6/00