LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

2.00

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5-22-00

1001588

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 Sanchez (Last) Lorena (First) ____ (MI)

2. BUSINESS PHONE 337-291-8800

3. BUSINESS ADDRESS 1010 Lafayette St. (Street and No.) Lafayette (City) LA (State) 70501 (Zip)

MAILING ADDRESS P.O. Box 4017-C (Street and No.) Lafayette (City) LA (State) 70502 (Zip)

4. EMPLOYER Lafayette Consolidated Govt.

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 Lorena Sanchez

Address Same as above

Business or purpose

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of July 3 2000

Form 501, Rev. 6/99

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name Veronica L. Williams

Address P.O. Box 4017-C Lafayette, LA 70502

Business or purpose Government Affairs

☑ New Representation
Does this person pay you? ✓*

If No, who pays you?

☐ Terminated Representation as of

* Employee of Lafayette Consolidated Government.

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.

Loretta Schultz
Signature of Lobbyist

Form 501, Rev. 6/88