LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

833
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12-20-20

✓# 3.16
$10.00
KSD

1001892

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: **FITZGERALD,** **OLETA**
   Last First MI
2. BUSINESS PHONE: **601-355-1213**
3. BUSINESS ADDRESS: **207 W. AMITE STREET BOX 13, STE 402 JACKSON, MS 39201**
   Street and No. City State Zip

   MAILING ADDRESS: **SAME AS ABOVE**
   Street and No. City State Zip
4. EMPLOYER: **CHILDREN'S DEFENSE FUND**
5. EMPLOYER'S ADDRESS: **207 W. AMITE STREET, BOX 13, STE 402 JACKSON, MS 39201**
   Street and No. City State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No **XX**
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 **CHILDREN'S DEFENSE FUND/BLACK COMMUNITY CRUSADE FOR CHILDREN**

      Address **207 W. AMITE STREET, BOX 13, STE 402, JACKSON, MS 39201**

      Business or purpose **ADVOCATE FOR CHILDREN**

      ☐ New Representation
      Does this person pay you? **YES**

      If No, who pays you? ____

      ☐ Terminated Representation as of ____

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Form 801, Rev. 8/50

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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. 6/99