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LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY
Postmark Date: 4-2-01
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$10.00
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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 ADAM (Last) GINGER (First) E. (MI)

2. BUSINESS PHONE 225.802.5103

3. BUSINESS ADDRESS 10 Brent Court (Street and No.) Baton Rouge, LA (City) 70808-9044 (State) (Zip)

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

4. EMPLOYER Self-employed

5. EMPLOYER'S ADDRESS Same (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 Jazz Casino Corporation

Address One Canal Place, 365 Canal Street, Suite 900, New Orleans, LA 70130

Business or purpose Land-based casino

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☒ Terminated Representation as of March 30, 2001

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Lobbyist Registration Number

SUPPLEMENTAL REGISTRATION FORM

2. Name CLECO CORPORATION

Address Post Office Box 5000, Pineville, LA 71361

Business or purpose Power company

☒ New Representation
Does this person pay you? Yes

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.

Ginger E Adam
Signature of Lobbyist

Form 500, Rev. 4/90