LOBBYING SUPPLEMENTAL REGISTRATION FORM
To be used for changes to registrations and terminations

Lobbyist's Registration Number
369

FOR OFFICE USE ONLY
Postmark Date: 4-5-01

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 Sutton (Last) George (First) E (MI)

2. BUSINESS PHONE 225-924-6121

3. BUSINESS ADDRESS 1821 Wooddale Cl. #208A, Baton Rouge, LA 70806 (Street and No. / City / State / Zip)

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

4. EMPLOYER Sutton, Mapes, & Yelverton, Inc

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 Company, LLC

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

Business or purpose Gaming

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 4/1/01

Form 501, Rev. 8/99

SUPPLEMENTAL REGISTRATION FORM

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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. 8/99