LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

067
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4-27-01
L. Sugg
VH 4633360
$10.00
PSR

1010872

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 Casey (Last) Thomas (First) A. (MI)

2. BUSINESS PHONE (225) 248-2084

3. BUSINESS ADDRESS 8555 United Plaza Boulevard Suite 500, Baton Rouge, LA 7080
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

4. EMPLOYER Jones, Walker, Waechter, Poitevent, Carrere & Denegre, L.L.P.

5. EMPLOYER'S ADDRESS 8555 United Plaza Boulevard Suite 500
Baton Rouge, La. 70809
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 National Payroll Reporting Consortium, Inc.
Address C/O McDermott, Will & Emery, 50 Rockefeller Plaza
New York, N.Y. 10020
Business or purpose Payroll Accounting

[x] New Representation
Does this person pay you? NO

If No, who pays you? Jones, Walker, Waechter, Poitevent, Carrere & Denegre, L.L.P

[ ] Terminated Representation as of ___

2001 APR 27 PM 3:45

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

061
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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.

Thomas A. Casey
Signature of Lobbyist

Thomas A. Casey