LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

954
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 6/8/01
L Supp
✓ #037487
MO. ARS

1010920

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 Daey (Last) Emily (First) MI

2. BUSINESS PHONE (225) 383-9000

3. BUSINESS ADDRESS 9th Floor, One American Place, Baton Rouge LA 70825 (Street and No. / City / State / Zip)

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

4. EMPLOYER McGlinchey Stafford

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 American Association of Anesthesiologist Assistants
Address c/o David Paragas 88 East Broad St., 9th Floor, Columbus, Ohio 43215
Business or purpose Healthcare

☑ New Representation
Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

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.

Emily B. Grey

Signature of Lobbyist

Form 501, Rev. 8/06