LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

915
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 6/1/01
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CK#6974
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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 Dodson (Last) Ambur (First) MI

2. BUSINESS PHONE 225-922-7777

3. BUSINESS ADDRESS 8772 Quarters Lake Rd. (Street and No) Baton Rouge (City) LA (State) 70809 (Zip)

MAILING ADDRESS P.O. Box 14204 (Street and No.) Baton Rouge (City) LA (State) 70898 (Zip)

4. EMPLOYER Creative Communications

5. EMPLOYER'S ADDRESS P.O. Box 14204 (Street and No) Baton Rouge (City) LA (State) 70898 (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 Heard, Linebarger

Address 1515 Poydras Suite 1840 NO, 70112

Business or purpose collection issues

☑ New Representation

Does this person pay you? no

If No, who pays you? Creative Communications

☐ Terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM

[redacted]

2. Name Jazz Casino Company

Address

Business or purpose

☐ New Representation
Does this person pay you?

If No, who pays you?

☑ Terminated Representation as of listed by mistake

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.

Amhara Dodson
Signature of Lobbyist

Form 801, Rev. 6/99