LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

273

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 6/15/01
L Supp
✓# 1906 $10 ARS

1010933

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.

NAME Fusilier (Last) Julie (First) A. (MI)

2. BUSINESS PHONE 225-383-8038

3. BUSINESS ADDRESS 835 Louisiana Ave., Baton Rouge, LA 70802
Street and No. City State Zip

MAILING ADDRESS
Street and No. City State Zip

4. EMPLOYER

5. EMPLOYER'S ADDRESS
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 Progressive Insurance Company
Address 1740 North Causeway Blvd., Mandeville, LA 70471
Business or purpose Insurance

☒ New Representation
Does this person pay you? Yes

If No, who pays you?

☐ Terminated Representation as of

SUPPLEMENTAL REGISTRATION FORM

273
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.

_____
Signature of Lobbyist

Form 601, Rev. 5/99