LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number 27B

FOR OFFICE USE ONLY
Postmark Date: 7/16/01

1011073

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 Henderson (Last) Paula (First) ____ (MI)

2. BUSINESS PHONE (225) 343 5266

3. BUSINESS ADDRESS 700 North 10th Street (Street and No.) BR (City) LA (State) 70802 (Zip)

MAILING ADDRESS Post Office Box 3808 (Street and No.) BR (City) LA (State) 70821 (Zip)

4. EMPLOYER LA Assn of Nonprofit Org.

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 Louisiana Association of Nonprofit Organizations
   Address Post Office Box 3808 BR, LA 70821
   Business or purpose Strengthen nonprofit sector

   ☐ New Representation
   Does this person pay you? ____

   If No, who pays you? ____

   ☑ Terminated Representation as of May 31, 2001

Form 101, Rev. 6/95

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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.

Paula K. Henderson

Signature of Lobbyist

Form 401, Rev 6/99