# LOBBYING SUPPLEMENTAL REGISTRATION FORM

**To be used for changes to registrations and terminations.**

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## Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required.
- 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.

**FOR OFFICE USE ONLY**
Postmark Date: 1/16/02
L Supp
1020259

1. NAME HOADLEY (Last) RUSSELL (First) S. (MI)

2. BUSINESS PHONE 504/533-2028

3. BUSINESS ADDRESS 313 CARONDELET STREET (Street and No.) NEW ORLEANS (City) LA (State) 70130 (Zip)

MAILING ADDRESS POST OFFICE BOX 61540 (Street and No.) NEW ORLEANS (City) LA (State) 70161 (Zip)

4. EMPLOYER HIBERNIA CORPORATION

5. EMPLOYER'S ADDRESS SAME AS ABOVE (Street and No.) (City) (State) (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X 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.

I. Name HIBERNIA CORPORATION AND AFFILIATES

Address SAME AS ABOVE

Business or purpose

☐ New Representation
Does this person pay you?

If No, who pays you?

☐ Terminated Representation as of 1/1/02

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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.

Signature of Lobbyist

Form 601, Rev. 7/2001