LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

118
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/24/02

LSupp

1020352

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.

1. NAME Desselle (Last) Stephanie (First) _____ (MI)

2. BUSINESS PHONE 225-344-2225

3. BUSINESS ADDRESS 251 Florida Street (Street and No.), Suite 400 (City), Baton Rouge (State), LA 70801 (Zip)

MAILING ADDRESS P.O. Box 4308 (Street and No.), Baton Rouge (City), LA (State) 70815 (Zip)

4. EMPLOYER Council for A Better Louisiana

5. EMPLOYER'S ADDRESS 251 Florida Street (Street and No.), Suite 400 (City), Baton Rouge (State), LA 70801 (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 Council for A Better Louisiana
   Address 251 Florida St., Suite 400, BR LA 70815
   Business or purpose Non-partisan, non-profit, statewide

   ☐ New Representation
   Does this person pay you? _____

   If No, who pays you? _____

   ☑ Terminated Representation as of 12/31/01

Form 501, Rev. 7/2001

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.

Stephanie Desselle
Signature of Lobbyist

Form 501, Rev. 7/2001