To be used for changes to registrations and terminations.

Lobbyist's Registration Number 463

FOR OFFICE USE ONLY
Postmark Date: 4/9/02
L supp

1020863

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 McConnell (Last) Sherri (First) E (MI)

2. BUSINESS PHONE (225) 334-0322

3. BUSINESS ADDRESS 548 Kenmore Ave (Street and No.) B.R. (City) LA (State) 70806 (Zip)

MAILING ADDRESS P.O. Box 44312 (Street and No.) B.R. (City) LA (State) 70804 (Zip)

4. EMPLOYER Self

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 Harold Leone
Address Freeland Road at Hwy 965 or P.O. Box 1220 St. Francisville LA 70775
Business or purpose Developer

☑ New Representation
Does this person pay you? Yes

If No, who pays you? ____

☐ Terminated Representation as of ____

Form 501, Rev. 7/2001

SUPPLEMENTAL REGISTRATION FORM

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 101, Rev. 10/01