LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number: 209

FOR OFFICE USE ONLY
Postmark Date: 3/11/03
LSupp
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Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 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 termination of employment or representations.

1. NAME DUNOTE (Last) KIRBY (First) E. (MI)

2. BUSINESS PHONE 225-761-9125

3. BUSINESS ADDRESS 12503 WINDERMERE OAKS CT. (Street and No.) BATON ROUGE (City) LA (State) 70810 (Zip)

MAILING ADDRESS SAME AS ABOVE (Street and No.) (City) (State) (Zip)

4. EMPLOYER ARCHDIOCESE OF NEW ORLEANS

5. EMPLOYER'S ADDRESS 7887 WALMSLEY AVE. (Street and No.) NEW ORLEANS (City) LA (State) 70125 (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 ARCHDIOCESE OF NEW ORLEANS

Address 7887 WALMSLEY AVE. NEW ORLEANS, LA. 70125

Business or purpose EDUCATION

☑ New Representation
Does this person pay you? YES

If No, who pays you? ____

☐ Terminated Representation as of ____

Form 50 Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name PATRICK F. TAYLOR

Address ONE LEE CIRCLE NEW ORLEANS LA 70130-3938

Business or purpose EDUCATION

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☑ Terminated Representation as of MARCH 1, 2003

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.

Kirby J. Huerter
Signature of Lobbyist

Form 801 Rev 11/2002