LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1059
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4/17/03
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102599

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Drive, Third Floor Baton Rouge, Louisiana 70808 Phone (225)763-8777 or 1(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 Jefferson (Last) Dwayne (First) _____ (MI)

2. BUSINESS PHONE (504) 586-1200

3. BUSINESS ADDRESS 643 Magazine St. (Street and No.) New Orleans (City) LA (State) 70130 (Zip)

   MAILING ADDRESS Same (Street and No.) _____ (City) _____ (State) _____ (Zip)

4. EMPLOYER McGlinchey Stafford, PLLC

5. EMPLOYER'S ADDRESS Same (Street and No.) _____ (City) _____ (State) _____ (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No X

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 Audubon Institute

      Address P.O. Box 4327, New Orleans, LA 70178

      Business or purpose New Orleans City Government Issues

      ☐ New Representation
      Does this person pay you? ____

      If No, who pays you? ____

      ☒ Terminated Representation as of 4/7/03

Form 601, Rev. 7/2001

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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 505, (Rev. 7/2005)