LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

829

Lobbyist's Registration Number

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.

FOR OFFICE USE ONLY
Postmark
Date: 4/29/03
LSUPP
1022612

1. NAME Lambert (Last) Brad (First) A. (MI)

2. BUSINESS PHONE 225.344.0381

3. BUSINESS ADDRESS 521 Laurel St. (Street and No.) Baton Rouge (City) LA (State) 70801 (Zip)

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

4. EMPLOYER Harris, DeVille & Associates, Inc.

5. EMPLOYER'S ADDRESS 521 Laurel St. (Street and No.) Baton Rouge (City) LA (State) 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;
8. (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 Coalition to Insure Louisiana

Address 521 Laurel Street, Baton Rouge LA 70801

Business or purpose Multi-Group Coalition formed to address the growing insurance availability problem in Louisiana.

☑ New Representation

Does this person pay you? No

If No, who pays you? State Farm Insurance

☐ Terminated Representation as of

1

HAND DELIVERED

Lobbyist's Registration Number

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.

Sharon B. Mickey for
Signature of Lobbyist
Brad A. Lambert

Form 501 Rev. 7/2001