LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

417
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 11/5/03
Term
1023280

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 terminations of employment or representations.

1. NAME Shirley, John O.
   Last First MI

2. BUSINESS PHONE (225) 344-0302

3. BUSINESS ADDRESS 2354 S. Acadian Thruway, Suite F.
   Street and No. City State Zip
   Baton Rouge, LA 70808

   MAILING ADDRESS
   Street and No. City State Zip

4. EMPLOYER Shirley + Ezell, L.L.C.

5. EMPLOYER'S ADDRESS 2354 S. Acadian Thruway, Suite F
   Street and No. City State Zip
   Baton Rouge, LA 70808

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X 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 Cleco Corporation
      Address 2030 Donahue Ferry Rd., Pineville, LA 71360
      Business or purpose Utility Company

      ☐ New Representation
      Does this person pay you? ____

      If No, who pays you? ____

      ☑ Terminated Representation as of 11/1/03

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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.

John Q. Shirley
Signature of Lobbyist

Form 501, Rev. 10/2002