LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1045
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 02/12/04

SUPP

1040224

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 Rogillio, Elton W.
Last First MI

2. BUSINESS PHONE 225-344-1195

3. BUSINESS ADDRESS 218 Laurel Street, Baton Rouge, LA 70801-1803
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

4. EMPLOYER The Capitol Group

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 Courson Nickel

Address 445 North Blvd., Baton Rouge, LA 70802

Business or purpose Governmental Relations and Issues Management Consulting Firm

☑ New Representation

Does this person pay you? Yes

If No, who pays you?

☐ Terminated Representation as of

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2. Name MBNA American Bank

Address P.O. Box 809051, Dallas, TX 75380-9051, Mail Stop 4421

Business or purpose Credit card issuer and financial services company

☑ New Representation
Does this person pay you? yes

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 801, Rev. 10/2002