LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Instructions

- Print in ink or type.
- Complete form and return to the Board of Ethics, 2415 Quail Dr., Third Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- 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 representation.

FOR OFFICE USE ONLY
06/04/04
SUPP
AMENDMENT
10407116

1. NAME Peperone (Last) Tiffany (First) E (MI)

2. BUSINESS PHONE (504) 596-2808 (Area Code and Phone Number)

3. BUSINESS ADDRESS 643 Magazine Street (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 represent; (b) the address of each such person, group, or organization you represent; (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.

1. Name THE PATRICK F. TAYLOR FOUNDATION

Address Post Office Box 53009, New Orleans, Louisiana 70153-3009

Business or purpose Not for Profit Foundation

New Representation

Does this person pay you? No

If No, who pays you? McGlinchey Stafford

Terminated Representation as of ____

LOBBYING SUPPLEMENTAL REGISTRATION FORM

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FOR OFFICE USE ONLY
06/02/04
SUPP
1040716

1. NAME Peperone (Last) Tiffany (First) E (MI)

2. BUSINESS PHONE (504) 596-2808 (Area Code and Phone Number)

3. BUSINESS ADDRESS 643 Magazine Street (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 represent; (b) the address of each such person, group, or organization you represent; (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.

1. Name THE PATRICK F. TAYLOR FOUNDATION

Address Post Office Box 53009, New Orleans, Louisiana 70153-3009

Business or purpose Not for Profit Foundation

New Representation

Does this person pay you? No

If No, who pays you? McGlinchey Stafford

Terminated Representation as of _____

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.

Tiffany Peperone
Signature of Lobbyist

Form 501, Rev. 102002

AMENDMENT