LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1124
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 08/23/04

TERM

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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 RUSSO JULIA
   Last First MI

2. BUSINESS PHONE 404-312-1441

3. BUSINESS ADDRESS _____
   Street and No. City State Zip

   MAILING ADDRESS 2415 Mathews St ATLANTA, GA 30319
   Street and No. City State Zip

4. EMPLOYER MCI

5. EMPLOYER'S ADDRESS 515 Concourse Parkway, Suite 600 ATLANTA, GA. 30328
   Street and No. City State Zip

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 MCI
      Address 515 Concourse Parkway, ATLANTA GA.
      Business or purpose TELECOMMUNICATIONS

      ☐ New Representation
      Does this person pay you? _____

      If No, who pays you? _____

      ☒ Terminated Representation as of 6/28/2004

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Form 101, Rev. 10/2002

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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 SR1, Rev. 102508