#032

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY
Postmark Date: 04/08/05
LSUPP

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 Sims (Last) Phyllis (First) D. (MI)

2. BUSINESS PHONE 225.389.3717

3. BUSINESS ADDRESS One American Place, 301 Main St., 22nd fl. (Street and No.) BR (City), LA (State) 70825 (Zip)

MAILING ADDRESS P.O. Box 3513, Baton Rouge, LA 70821 (Street and No. / City / State / Zip)

4. EMPLOYER Kean, Miller Law Firm

5. EMPLOYER'S ADDRESS One American Plac, 301 Main St., 22nd fl. (Street and No.) BR (City), LA (State) 70825 (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 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 Motion Picture and Television Association of Louisiana

Address 365 Canal St., Suite 3170, New Orleans, LA 70130

Business or purpose Film Industry Expansion throughout Louisiana

☒ New Representation
Does this person pay you? No

If No, who pays you? Kean Miller

☐ Terminated Representation as of _____

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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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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.

Phyllis Simi
Signature of Lobbyist

Form 501, Rev. 10/2002