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LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY
Postmark Date: 03/24/06
LSUPP

100080

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 SABISTON (Last) NORMA (First) JANE (MI)

2. BUSINESS PHONE 504-293-2610

3. BUSINESS ADDRESS 501 BASIN ST (Street and No.) NEW ORLEANS (City) LA (State) 70112 (Zip)

MAILING ADDRESS SAME AS ABOVE (Street and No.) (City) (State) (Zip)

4. EMPLOYER MARMILLION/GRAY/SABISTON

5. EMPLOYER'S ADDRESS SAME AS ABOVE (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 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 CANNON DESIGN
   Address c/o O'NEILL + ASSOC 31 NEW CHARDON ST BOSTON MA 02114
   Business or purpose ARCHITECTURE FIRM
   X New Representation
   Does this person pay you? ____
   If No, who pays you? O'NEILL + ASSOCIATES
   ☐ Terminated Representation as of ____

Form 601, Rev. 10/2002

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.

Norma Jane Sabiston

Signature of Lobbyist

Form Sup. Reg. 10/2002