LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY
Postmark Date: 04/13/02
LSU PP
Amendment(s) Attached
1060326

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 FUSILIER (Last) JULIE (First) A. (MI)

2. BUSINESS PHONE 225-381-7700

3. BUSINESS ADDRESS 450 LAUREL ST., STE 1101, BATON ROUGE, LA 70801
Street and No. City State Zip

MAILING ADDRESS SAME
Street and No. City State Zip

4. EMPLOYER

5. EMPLOYER'S ADDRESS
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 FARMERS INSURANCE
Address 10830 LOWELL AVE, OVERLAND PARK, KS 66210
Business or purpose INSURANCE
☑ New Representation
Does this person pay you? YES
If No, who pays you?
☐ Terminated Representation as of

Form 501, Rev. 10/2002

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[redacted]

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

AMENDMENT

1040926

1. NAME FUSILIER (Last) JULIE (First) A. (MI)

2. BUSINESS PHONE 225-381-7700

3. BUSINESS ADDRESS 450 LAUREL ST., STE 1101, BATON ROUGE, LA 70801
Street and No. City State Zip

MAILING ADDRESS SAME
Street and No. City State Zip

4. EMPLOYER MIDDLEBERG RIDDLE & GIANNA

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 FARMERS INSURANCE
Address 10830 LOWELL AVE, OVERLAND PARK, KS 66210
Business or purpose INSURANCE
☑ New Representation
Does this person pay you? YES
If No, who pays you? ____
☐ Terminated Representation as of ____

Form 501, Rev. 10/2000

SUPPLEMENTAL REGISTRATION FORM

2. Name COVENTRY FIRST

Address 7111 VALLEY GREEN RD, FT. WASHINGTON, PA 19034

Business or purpose INSURANCE

☑ New Representation

Does this person pay you? YES

If No, who pays you?

☐ Terminated Representation as of

3. Name MNS VENTURES, INC.

Address P.O. BOX 11270, NEW ORLEANS, LA 70181-1270

Business or purpose TITLE LOANS

☑ New Representation

Does this person pay you? YES

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 501, Rev. 10/2002