LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY
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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 Coulon (Last) Christopher (First) P. (MI)

2. BUSINESS PHONE 504 · 585 · 0166

3. BUSINESS ADDRESS 4500 One Shell Square (Street and No.), New Orleans (City), LA (State) 70139 (Zip)

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

4. EMPLOYER Adams and Reese LLP

5. EMPLOYER'S ADDRESS 701 Poydras Street, Suite 4500 (Street and No.), New Orleans (City), LA (State) 70139 (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.

✓ Name Multistate Associates, Community Financial Services Assoc. of America
Address 515 King Street, Ste 300, Alexandria, VA 22314
Business or purpose payday loans

☑ New Representation
Does this person pay you? NO
If No, who pays you? Adams and Reese, LLP

☐ Terminated Representation as of _____

Form 801, Rev. 10/2002

✓

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

L06523
Lobbyist's Registration Number

1. Name Citigroup, Inc.
Address 6464 Las Colinas Blvd., Irving, TX 75039
Business or purpose financial institution

☑ New Representation
Does this person pay you? NO
If No, who pays you? Adams and Reese, LLP

☐ Terminated Representation as of _____

2. Name Wells Fargo Financial, Inc.
Address 800 Walnut Street, Des Moines, IL
Business or purpose financial institution

☑ New Representation
Does this person pay you? NO
If No, who pays you? Adams and Reese, LLP

☐ 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