LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5-8-07
SUPP
1070291
SCA
JUL 0 9 2007
By: _____
@ 6/26/07 MOD

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 Coleman (Last) Mary Ann (First) _____ (MI)

2. BUSINESS PHONE (225) 389-9885

3. BUSINESS ADDRESS 320 Third St, #104 (Street and No.) Baton Rouge (City) LA (State) 70801 (Zip)

MAILING ADDRESS (same) (Street and No.) _____ (City) _____ (State) _____ (Zip)

SCANNED
JUL 0 9 2007
By: (5)

4. EMPLOYER LADCU

5. EMPLOYER'S ADDRESS 320 Third #104 (Street and No.) Baton Rouge (City) La (State) 70801 (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 Juvenile Justice Project of Louisiana

Address 1600 Oretha Castle Haley Blvd.

Business or purpose juvenile justice

☒ New Representation
Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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Form 601, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

123
Lobbyist's Registration Number

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

May 8, 2007

Form 601, Rev. 10/2002