**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

**To be used for changes to registrations and terminations.**

Lobbyist Registration Number

## 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.

FOR OFFICE USE ONLY
Postmark Date: 5-14-07
SUPP

1070299
SCANNED
JUL 10 2007
By:

1. NAME ALLISON (Last) DONALD (First) L. (MI)

2. BUSINESS PHONE 225-769-1818

3. BUSINESS ADDRESS 9270 SIEGEN LANE, #ST. 801, BATON ROUGE, LA 70810 (Street and No. / City / State / Zip)

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

4. EMPLOYER ADVANTOUS CONSULTING, L.L.C.

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 COUNCIL FOR A BETTER LOUISIANA

Address P.O. BOX 4308, BATON ROUGE, LA 70821-4308

Business or purpose NONPROFIT ORGANIZATION THAT WORKS ON ISSUES OF PUBLIC INTEREST, RAISES CITIZEN AWARENESS AND ADVANCES PUBLIC ~~POLICY~~ POLICIES

☑ New Representation

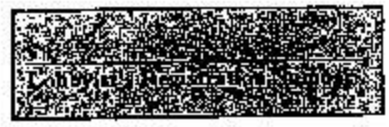
Does this person pay you? YES

If No, who pays you?

☐ Terminated Representation as of N/A

2007 MAY 14 AM 9:37
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

Form 301 (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.

_____
Signature of Lobbyist

Form 101, Rev. 10/2003