LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1294
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5-17-07
SUPP

SCANNED 1070305
JUL 0 9 2007
By: (2)

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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 Davis (Last) Paula (First) Pellerin (MI)

2. BUSINESS PHONE (225) 763-9680

3. BUSINESS ADDRESS 3344 Westervelt Avenue (Street and No.) Baton Rouge (City) LA (State) 70820 (Zip)

MAILING ADDRESS 3344 Westervelt Avenue (Street and No.) Baton Rouge (City) LA (State) 70820 (Zip)

4. EMPLOYER Pellerin-Davis Consulting, LLC

5. EMPLOYER'S ADDRESS 3344 Westervelt Avenue (Street and No.) Baton Rouge (City) LA (State) 70820 (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 American Insurance Association

Address 500 W 13th Street Austin, Texas 78701

Business or purpose Insurance Trade Organization

☑ New Representation

Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name Roedel, Parsons

Address 8440 Jefferson Hwy, Ste 301, Baton Rouge, LA 70809

Business or purpose law firm [redacted]

☑ New Representation

Does this person pay you? yes

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 8C1, Rev. 10/2002