**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

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

1338
**Lobbyist's Registration Number**

**FOR OFFICE USE ONLY**
Postmark Date: 6/18/07

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SCANNED
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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 Ryle (Last) Nicholas (First) A. (MI)

2. BUSINESS PHONE (202) 333-8190

3. BUSINESS ADDRESS 1223 Potomac St, NW (Street and No.) Washington (City) DC (State) 20007 (Zip)

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

4. EMPLOYER Ryle & Associates

5. EMPLOYER'S ADDRESS Above (Street and No.) _____ (City) _____ (State) _____ (Zip)

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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 Kraft Foods Global, Inc.
Address 40 Dan Colegrove; 101 Constitution Ave, NW; Suite 400W Washington, DC 20001
Business or purpose: Food Company

☒ 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_____

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 501, Rev. 10/2002