LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

#523
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 8/14/07

MDD (8/14)
L-SUPP

SCANNED
AUG 15 2007
By:
1070764

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 SQ. (Street and No.) NEW ORLEANS (City) LA (State) 70139 (Zip)

MAILING ADDRESS 4500 ONE SHELL SQ. (Street and No.) NEW ORLEANS (City) LA (State) 70139 (Zip)

4. EMPLOYER ADAMS AND REESE, LLP

5. EMPLOYER'S ADDRESS 4500 ONE SHELL SQ. (Street and No.) NEW ORLEANS (City) LA (State) 70139 (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 DCI Group, L.L.C.
   Address 1828 L Street NW, Suite 400, Washington DC 20036
   Business or purpose Education
   ☑ New Representation
   Does this person pay you? NO
   If No, who pays you? Adams and Reese, LLP

   ☐ Terminated Representation as of _____

Form 501, Rev. 10/2005

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2. Name K-12, Inc.
Address 2300 Corporate Park Dr., Suite 200 Herndon, VA 20171
Business or purpose Education

☑ New Representation
Does this person pay you? NO

If No, who pays you? Adams and Reese, LLP

☐ Terminated Representation as of _____

3. Name M/A-Com, Inc.
Address 221 Jefferson Ridge Parkway

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of 8/14/07

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.

Stephen Cohen
Signature of Lobbyist

Form 501, Rev. 10/2002