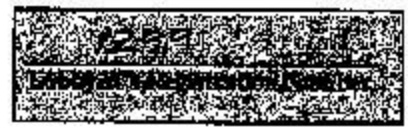
9-6-07

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



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: 9-6-07
Supp. L

1070957

1. NAME Sabiston (Last) Norma (First) Jane (MI)

2. BUSINESS PHONE 504. 324. 4639

3. BUSINESS ADDRESS 1122 Philip Street (Street and No.) New Orleans (City), Louisiana (State) 70130 (Zip)

MAILING ADDRESS Same as above (Street and No.) (City) (State) (Zip)

4. EMPLOYER

5. EMPLOYER'S ADDRESS Same as above (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 GoKahuna
   Address 7153 Florida Blvd Baton Rouge, Louisiana 70306
   Business or purpose business antifraud issues
   ☐ New Representation
   Does this person pay you?
   If No, who pays you?
   ☑ Terminated Representation as of Jan. 07

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

[redacted]

2. Name Disaster Emergency Services (DRC)
Address 740 Museum Drive Mobile, Alabama 36608
Business or purpose lobbying issues related to disaster recovery

☑ New Representation
Does this person pay you? YES

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name Brutz Company
Address c/o BHF 1350 I St NW Suite 510 Washington, DC 20005
Business or purpose Mining, hurricane protection issues

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of Jan. 2007

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.

Nanna Jane Sabiston
Signature of Lobbyist

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

1239
Lobbyist's Registration Number

2. Name Medical Files

Address One New Boston Drive

Business or purpose Canton, Massachusetts 02021

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of July 07

3. Name Canon Design

Address c/o O'Neill & Associates 31 New Chardon Boston Mass

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of January 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.

Norma Jane Sabiston
Signature of Lobbyist

Form 601, Rev. 10/2002