LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY
Postmark Date: 10-24-07
Supp. Term
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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 PRATT, IV (Last) FERNAND (First) G. (MI)

2. BUSINESS PHONE (225) 344-7120

3. BUSINESS ADDRESS 3423 Hundred Oaks Ave (Street and No.) Baton Rouge (City) 70808 (State) (Zip)

MAILING ADDRESS 3423 Hundred Oaks Ave (Street and No.) Baton Rouge (City) 70808 (State) (Zip)

4. EMPLOYER Louisiana Catholic Conference

5. EMPLOYER'S ADDRESS 3423 Hundred Oaks Ave (Street and No.) Baton Rouge (City) 70808 (State) (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes XX 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 Louisiana Catholic Conference

Address 3423 Hundred Oaks Ave Baton Rouge 70808

Business or purpose Policy Entity for Roman Catholic Bishops of Louisiana

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☒ Terminated Representation as of October 10, 2007

Form601, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

2. Name Citizens for Educational Choice

Address P.O. Box 65196 Baton Rouge LA 70896

Business or purpose lobby for private school interests

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of October 10, 2007

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