**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

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

903
**Lobbyist's Registration Number**

**FOR OFFICE USE ONLY**
Postmark Date: 11-29-07
Supp. L
Term
ack
107102

## 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 Tauzin (Last) W (First) "Billy" (MI) J

2. BUSINESS PHONE 210-886-3220

3. BUSINESS ADDRESS 530 McCullough Ave (Street and No.) San Antonio (City) TX (State) 78215 (Zip)
RM 2-A-03

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

4. EMPLOYER AT+T

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

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X 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 AT+T
Address 365 CANAL St Suite 3000 New Orleans LA 70130
Business or purpose Communications

☐ New Representation
Does this person pay you? _____
If No, who pays you? _____

☒ Terminated Representation as of 11-29-07

Form 60'_Rev 102002

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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 _____

N/A

N/A

### 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