LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

#273
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-22-08
Supp - L
ack ✓
1071286

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 Fusilier, Julie A. (Last / First / MI)
2. BUSINESS PHONE (225) 381-7700
3. BUSINESS ADDRESS 450 Laurel Street, Suite 1101, Baton Rouge, La. 70801 (Street and No. / City / State / Zip)

   MAILING ADDRESS Same as above. (Street and No. / City / State / Zip)
4. EMPLOYER Middleberg Riddle & Gianna
5. EMPLOYER'S ADDRESS 450 Laurel Street, Suite 1101, Baton Rouge, La. 70801 (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 MNS Ventures, Inc.

      Address P.O. Box 11270, New Orleans, La. 70181-1270

      Business or purpose Investments

      ☐ New Representation
      Does this person pay you? ____

      If No, who pays you? ____

      ☒ Terminated Representation as of 01/21/08

2-6-08 - per her assistant, she is not terminating all activities requiring registration only terminating representation for "MNS".

Form 501, Rev. 10/2002

#273
Lobbyist's Registration Number

SUPPLEMENTAL REGISTRATION FORM

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 011, Rev. 10/2002