LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

46

Employer's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4/15/08

Supp-08

1072200

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 Blache (Last) Cecil (First) J (MI)

2. BUSINESS PHONE (225) 929-7033

3. BUSINESS ADDRESS 8440 Jefferson, Ste. 301 Baton Rouge, LA 70809
Street and No. City State Zip

MAILING ADDRESS "same as above"
Street and No. City State Zip

4. EMPLOYER Roedel, Parsons, Koch, Blache, Balhoff & McCollister

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 University of New Orleans Foundation
Address 2021 Lakeshore Drive, Suite 305 NO. 70122
Business or purpose Education

☑ New Representation
Does this person pay you? yes

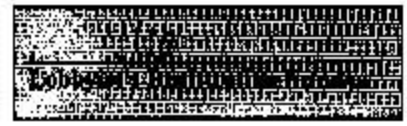
If No, who pays you? _____

☐ Terminated Representation as of _____

HAND DELIVERED

Form 801, Rev. 10/2007

SUPPLEMENTAL REGISTRATION FORM



2. Name Vectia Transportation

   Address 2015 Spring Road #750- Oak Brook, IL 60523

   Business or purpose Business/Transportation

   ☑ New Representation
   Does this person pay you? yes

   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 501, Rev. 10/2002