LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

490
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5-12-08
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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 Hansen (Last) Russell (First) J. (MI)

2. BUSINESS PHONE 504 616 4563
Day 15030 Non B 70175

3. BUSINESS ADDRESS [redacted] (Street and No.) (City) (State) (Zip)

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

4. EMPLOYER Self

5. EMPLOYER'S ADDRESS Same (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 [redacted] Nunse - Family Partnership
Address 1900 Orchard St., Suite 400 Denver Co. 80203
Business or purpose Improve health, well-being and self sufficiency
☑ New Representation
Does this person pay you? Yes
If No, who pays you? _____

☐ Terminated Representation as of _____

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

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2. Name Louisiana Foodbank Association

Address 1201 S Ams Dr. New Orleans 70123

Business or purpose well fed citizen

☒ New Representation
Does this person pay you? NO

If No, who pays you? Sil[redacted] Cat STRAtegies

☐ 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]
Signature of Lobbyist

Form 501, Rev. 10/2002