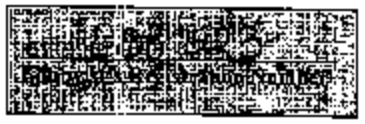
LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



FOR OFFICE USE ONLY
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Instructions

- Print in ... or type.
- Complete ... and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 7... 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 ... 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 representation.

1. NAME Dulon Christopher P.
   Last First MI

2. BUSINESS PHONE 225-336-5200

3. BUSINESS ADDRESS 450 Laurel Street, Suite 1900 Baton Rouge, LA 70801
   Street and No. City State Zip

   MAILING ADDRESS same
   Street and No. City State Zip

4. EMPLOYER Adams and Reese LLP

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 Edison Schools, Inc.

      Address 521 Fifth Avenue, 11th Floor New York, NY 10175

      Business or purpose Education

      ☑ New Representation
      Does this person pay you? NO

      If No, who pays you? Adams and Reese LLP

      ☐ Terminated Representation as of _____

Form 501 Rev. 10/00

LOB 523
Lobbyist's Registration Number

SUPPLEMENTAL REGISTRATION FORM

2. Name Louisiana Community Technical College System (LCTCS)

Address 265 South Foster Drive Baton Rouge, LA 70806

Business or purpose Education

☑ New Representation
Does this person pay you? NO

If no, who pays you Adams and Reese LLP

☐ 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 [illegible]