LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

523

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5-28-08
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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) 763-2777 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 the clients you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employers or representations.

1. NAME: Gaudin (Last) Christopher (First) P. (MI)

2. BUSINESS PHONE: 504-581-3234

3. BUSINESS ADDRESS: 701 Poydras Street, St. 4500, New Orleans, LA 70139 (Street and No. / City / State / Zip)

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

4. EMPLOYER: Adams and Reese, LLP

5. EMPLOYER ADDRESS: 701 Poydras Street, St. 4500, New Orleans, LA 70139 (Street and No. / City / State / Zip)

6. Have you ceased for terminated all lobbying activities requiring registration? Yes____ No X

7. LIST BELOW: (a) Name 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: The MacVaugh Group

Address: 1300 Sawgrass Corporate Pkwy., St. 300, Sunrise, FL 33323

Business or purpose: Insurance

☒ New Representation: Does the client pay you? yes

If No, who pays you?

☐ Terminated Representation as of

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2. Name _____

   Address _____

   Business or purpose _____

   ☐ Is Representation
   Does this person pay you?

   If No, who pays you? _____

   ☐ Terminated Representation as of _____

3. Name _____

   Address _____

   Business or purpose _____

   ☐ Is 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

Christopher P. Coulon

[illegible]