LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY
Postmark Date: 6-13-08
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Instructions

Print in ink or type.

1. 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.
2. 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.

NAME Johnson (Last) Ronnie (First) L. (MI)

BUSINESS PHONE (225) 343-9000

BUSINESS ADDRESS One American Place, 14th Floor, Baton Rouge, LA 70825
Street and No. City State Zip

MAILING ADDRESS Same as above.
Street and No. City State Zip

EMPLOYER McGlinchey Stafford, PLLC

EMPLOYER'S ADDRESS Same as above.
Street and No. City State Zip

Have you ceased or terminated all lobbying activities requiring registration? Yes ___ No X

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.

Name Gabriel Downs

Address 600 Jefferson St., Suite 730, Lafayette, LA 70501

Business or purpose Lice Lisang

☒ New Representation
Does this person pay you? No.

If No, who pays you? McGlinchey Stafford

☐ Terminated Representation as of _____

Form 80 Rev. 1/2/08

SUPPLEMENTAL REGISTRATION FORM

2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminate Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you?

If No, who pays you? _____

☐ Terminate 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.

Ronnie Johnson
Signature of Lobbyist

Form 101 Rev. 10-02